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Index to Volume 32, 1946

Journal of Social Hygiene

CONTENTS

BY AUTHOR, TITLE AND SUBJECT

A

- American education week. 333.
American Home Economics Association starts a new year. 388.
American library association conference. 333.
American library association has Washington office. 100.
American medical association meeting. 333.
American medical association reaffirms social hygiene views of medical profession. 33.
American Public Health Association annual meeting. 333.
American Social Hygiene Association annual meeting, 1947. 419.
American Social Hygiene Association and world war II. W. Clarke. 169.
Appoints new associate director. 103.
Appoints Dr. Ferree director of education. 210.
Army issues circular on ASHA cooperation. 391.
Thirty-third annual meeting. 162.
Some notes on the Historical Background, development and future opportunities of the national voluntary organization for social hygiene in the United States. William F. Snow. 241.
American Urological Association, The. Offers an annual award. 451.
Anderson, P. L. 159.
Announcements. 64, 182, 226, 351, 412.
Argentina.
 Liga Argentina de Profilaxis Social celebrates anti-venereal day. 342.
Army and Navy issue new orders regarding prevention of venereal diseases and repression of prostitution. 203.

- Army and navy vs. prostitution. Editorial. 66.
Army appoints editorial advisory board on medical history. 262.
Army awards. 101.
Army issues circular on ASHA cooperation. 391.
Army service commands reorganized. 236.
Association for Family Living appoints Dr. Kirkendall director. 234.
Allison, Samuel D. The Honolulu myth. 77.

B

- Bigelow, Maurice A. 151.
Books on social hygiene. 285.
Brazil.
 Hygiene Society elects officers. 276.
British Social Hygiene Council holds conference on family life. 220.
 Holds summer school. 276.
Building day in the home towns of America. Eleanor Shenehon. 212.

C

- California.
 Human relationships lecture series at San Francisco State College. 47.
 Los Angeles considers social hygiene needs. 452.
 San Diego Social Hygiene Association reports. 264.
 Stockton Junior College offers course on "service to the postwar world." 336.
 Takes action to repress prostitution. 393.
Canada.
 Social hygiene resolutions will serve as basis for future efforts. 52.
 Youth and religion in. 60.

- Caribbean Commission restates purposes and functions. 341.
- Cavaillon, J. A. 148.
- Central-American conference on venereal diseases set for April. 111.
- Child health day, 1946. 233.
- Chile.
- First Pan-American congress of social service held in Santiago. 53.
- Civilian medical consultants appointed by Secretary of War. 447.
- Clarke, Walter. The American Social Hygiene Association and world war II. 169.
- Working Together to Stamp Out VD. 430.
- Classified list of social hygiene pamphlets. 282.
- Colorado.
- Denver public health council elects officers. 453.
- State PTA favors social hygiene instruction in schools. 264.
- Commission on human rights. 272.
- Community action.
- An experiment in cooperative community organization. 292.
- Building day in the home towns of America. Eleanor Shenehon. 212.
- Education for responsible parenthood in Mississippi. W. G. Hollister. 321.
- Fighting "sin in paradise." Ferris F. Laune. 67.
- Massachusetts Society for Social Hygiene establishes western branch. 106.
- New strategy against venereal disease, The. Thomas Parran. 127.
- New Jersey: A "Coordinated Program of Cooperating Agencies" operated by a state tuberculosis league. 106.
- No red light district in Manila. 76.
- Rhode Island serves her youth. Josephine D. Sever. 310.
- Salute to Hawaii! William F. Snow. 65.
- USPHS-ASHA "Team Plan." 216.
- Wartime lessons in united action for community welfare. Mary E. Switzer. 192.
- Community advisory centers for veterans and civilians urged by retraining and reemployment administration. 207.
- Conferences.
- American Medical Association meeting. 333.
- American Library Association conference. 333.
- American Public Health Association annual meeting. 333.
- British Social Hygiene Council holds conference on family life. 220.
- Central-American conference on venereal diseases set for April. 111.
- Chile: First Pan-American congress of social service held in Santiago. 53.
- Conference of social work institutes. 453.
- First Central American conference on venereal diseases. 273.
- Health education conference to be held during Pan American sanitary conference. 274.
- Industrial hygiene conference held in Chicago. 260.
- International Association of Chiefs of Police holds annual meeting in Mexico City. 387.
- International union for combatting venereal diseases holds first post-war meeting in Paris. 457.
- International Committee of the Abolitionist Federation meets. 273.
- International health conference. 272.
- International labor conference considers needs of children and youth. 111.
- International Quadrennial Congress of Nurses to be held in USA in 1947. 459.
- League of Red Cross Societies meets in Paris. 457.
- Massachusetts Society holds annual meeting and conducts radio program. 265.
- Mexico: Dr. Rosenthal reports on conference on tropical dermatology and venereology. 54.
- National Advisory Committees meet in Washington. 202.

Conferences—continued

- National conference on family life is proposed. 257.
- National conference on family relations holds annual meeting. 234.
- National conference on juvenile delinquency. 445.
- National Congress of Parents and Teachers elects officers. 261.
- National Council of Jewish Women Convention held in Texas. 450.
- National Education Association conference. 334.
- National Federation of Business and Professional Women's Clubs meets. 334.
- National Sheriff's Association conference stresses prevention. 262.
- National Social Welfare Assembly holds first meeting and elects officers. 233.
- New chairmen for National Congress of Parents and Teachers appointed. 334.
- New Jersey Health and Sanitary Association holds 71st annual meeting. 268.
- New York Academy of Medicine holds annual health education conference. 107.
- New York conference of Tuberculosis Association executives. 107.
- North Carolina holds conference on conservation of marriage and the family. 268.
- Nursing organizations hold biennial convention. 335.
- Pan-American sanitary conference. 112.
- Pan American sanitary conference and health education conference postponed. 342.
- Royal Sanitary Institute holds first postwar health congress. 343.
- Social hygiene at Ohio State welfare conference. 454.
- United Nations Education, Scientific and Cultural Organization gets under way. 458.
- U. S.-Mexico border Public Health Association will hold annual meeting. 112.

Conferences—continued

- United Nations Economic and Social Council meets in New York. 271.
- Women's clubs hold youth conservation conference. 59.
- World Congress on Mental Health in 1948. 404.
- World Youth Conference planned in 1947. 405.
- Connecticut.
 - Conference of social work institutes. 453.
 - Reports on ten years' operation of premarital examination law. 393.
 - TB Association issues sixth annual report. 336.
- Cooper, John Montgomery. 157.
- Council for Inter-American Cooperation formed. 274.
- Craighill, Margaret D. A psychological approach to social hygiene for women. 199.
- Cuba.
 - Urological Society elects officers. 276.
- Current events and dates ahead. 37, 104, 335, 392.

D

- District of Columbia metropolitan health and hospital survey releases report. 336.
- Newspaper cooperates in marriage education. 453.
- Social Hygiene Society has new president. 47.
- Washington passes new law. 394.
- Draper, Dr. Warren F., assigned to Red Cross. 387.
- Wartime lessons in venereal disease control. 185.

E

- Editorials. 1, 65-66, 125, 183-184, 223, 227-232, 289-290, 353, 413-418.
- Education for responsible parenthood in Mississippi. W. G. Hollister. 321.
- Education.
 - British Social Hygiene Council holds summer school. 276.
 - California. Stockton Junior College offers course on "service to the postwar world." 336.

Education—continued

- Cleveland program features round table conference. 270.
- Colorado State PTA favors social hygiene instruction in schools. 264.
- Community advisory centers for veterans and civilians urged by retraining and reemployment administration. 207.
- Dr. Ferree becomes ASHA director of education. 210.
- Factors affecting the response to venereal disease education. Paul L. Getzoff. 22.
- Illinois: Joliet holds classes for parents. 106.
- Mississippi blazes a new trail. 266.
- National Education Association establishes adult education service. 100.
- National Education Association sets up a veterans education council. 263.
- Ohio: Cleveland health museum acquires Dickinson models. 51.
- World organization set up by teachers. 341.
- Experiment in cooperative community organization, An. John R. Heller, Jr., and Esther Emerson Sweeney. 292.
- England.
 - British Social Hygiene Council holds summer school. 276.
 - Royal Sanitary Institute holds first postwar health congress. 343.
- Europe.
 - Rapid increase in syphilis during war. 112.
 - UNRRA says VD rates continue high. 219.

F

- Facts and figures as guides to action. Editorial. 1.
- Family relations.
 - Association for family living announces discussion series. 454.
 - Association for family living appoints Dr. Kirkendall director. 234.

Family relations—continued

- British Social Hygiene Council holds conference on family life. 220.
- Education for responsible parenthood in Mississippi. W. G. Hollister. 321.
- Kentucky: Social Hygiene Association sponsors marriage study series. 47.
- Mississippi social hygiene association reports further program. 455.
- National conference on family life is proposed. 257.
- National conference on family relations holds annual meeting. 234.
- New Hampshire Social Hygiene Association holds institute. 267.
- North Carolina holds conference on conservation of marriage and the family. 268.
- Federal Security Agency adopts new administrative plan. 386.
- Ferree, Dr., becomes ASHA director of education. 210.
- Fighting "sin in paradise." Ferris F. Laune. 67.
- First Central American conference on Venereal Diseases. 273.
- First Inter-American Medical Congress. 405.
- France.
 - Constituent Assembly bans prostitution. 220.
 - New French law for repression of prostitution goes into effect. 383.
 - New law against prostitution takes effect. 343.
 - Paris moves to close brothels. 81.
- Frontispiece, March. A letter from President Truman.

G

- General Federation of Women's Clubs continues support of social hygiene. 34.
- Georgia searches out syphilis and increases treatment facilities. 338.
- Getzoff, Paul L. Factors affecting the response to venereal disease education. 22.
- Goldberg, Jacob A. Venereal diseases and workmen's compensation. 13.

Gould, William George. Social hygiene laws in court. 361.
Groves, Ernest R. 330.

H

Hall, John, and Glenn S. Usher. Seven years' experience with premarital and prenatal examinations for syphilis in New Jersey. 371.
Harrison, Colonel Lawrence W., Presentation of the Snow award to Dr. John H. Stokes and. 135.
Harrison, Lawrence W. Biographical notes. 141.
Health of the Army. Major General Norman T. Kirk. 425.
Health education.
District of Columbia Pharmaceutical Association and Social Hygiene Society join in educational program. 105.
Lynchburg Social Hygiene Council recommends social hygiene teaching in schools. 340.
Missouri VD education campaign gains new support in St. Louis. 338.
Navy intensifies VD control training of sanitation officers. 237.
Ohio: Cleveland druggists cooperate. 108.
Orientation course in VD control given by USPHS and Navy. 239.
Soviet Union collects public health materials. 276.
USPHS announces 1946 fellowships in health education. 206.
USPHS-Navy join in VD orientation course. 205.
U. S. Public Health Service offers fellowships in health education for 1947. 447.
USPHS VD Division sets up extension and training services. 238.
Health education conference to be held during Pan American sanitary conference. 274.
Heller, John R., Jr. An experiment in cooperative community organization. Part I: From the Official viewpoint. 292.

Hollister, W. G.
Education for responsible parenthood in Mississippi. 321.
Honolulu myth, The. Samuel D. Allison. 77.
Honorary life members—1946. 149.
Hooker, Donald R. 329.
Huber, Edward Godfrey. 331.

I

Illinois.
Association for family living announces discussion series. 454.
Chicago, Industrial hygiene conference held in. 260.
Joliet holds classes for parents. 106.
Industrial hygiene conference held in Chicago. 260.
Industry.
Venereal diseases and workmen's compensation. Jacob A. Goldberg. 13.
In memoriam: Tributes to social hygiene pioneers. 329.
International. (See also News from Other Countries.)
Council for Inter-American Cooperation formed. 274.
International Association of Chiefs of Police holds annual meeting in Mexico City. 387.
Recommends continuation of May Act principles. 36.
International Bar Association proposed. 404.
International Committee of the Abolitionist Federation meets. 273.
International health conference. 272.
International labor conference considers needs of children and youth. 111.
International Liaison Committee for Social Hygiene is formed. 219.
International Quadrennial Congress of Nurses to be held in USA in 1947. 459.
Is commercialized prostitution returning? May frontispiece.
League of Red Cross societies meets in Paris. 457.
Quadrennial Congress of Nurses to be held in USA in 1947. 459.

Union for combatting venereal diseases holds first postwar meeting in Paris. 457.

United Nations Education, Scientific and Cultural Organization gets under way. 458.

J

Japan, the navy provides social protection for servicemen in. 82.

Journal gets new guidance. Editorial. 290.

Juvenile delinquency, national conference on. 445.

K

Kansas appoints new state VD control officer. 394.

Kentucky.

Social Hygiene Association sponsors marriage study series. 47.

Kerchner, George, and Theodore Rosenthal. Venereal disease control by New York City health department in relation to cooperation with the armed forces. 3.

Kirkendall, Lester A. Association for Family Living appoints Dr. Kirken-dall director. 234.

Kirk, Major General Norman T. Health of the Army. 425.

Komarovsky, Mirra. What do young people want in a marriage partner? 440.

L

Larimore, Major, joins American Cancer Society. 390.

Lasker award, Dr. Mahoney receives. 449.

Laune, Ferris F. Fighting "sin in paradise." 67.

Laws.

France: Constituent Assembly bans prostitution. 220.

New law against prostitution takes effect. 343.

No red light district in Manila. 76.

Maryland: Baltimore enacts new ordinance for disease control. 48.

Social hygiene laws in action. November.

Laws—continued

Social hygiene laws in court. William George Gould. 361.

The May act is made permanent. 228.

Law enforcement.

The moral equivalent for law enforcement. Charles C. Noble. 436.

League of Red Cross societies meets in Paris. 457.

Legislation, current.

District of Columbia: Washington passes new law. 394.

Paris moves to close brothels. 81.

Passage of social protection bills is urged at hearings. 202.

Progress in federal legislation. Editorial. 227.

Social protection needs in peacetime. 90.

Legislation, federal.

Hearing before a subcommittee of the committee on education and labor, United States senate, on S. 1779. May insert.

Hearings before subcommittee No. 3 of the committee on the judiciary, house of representatives, on H. R. 5234. May insert.

Legislation.

Premarital and prenatal legislation in Canada. 380.

Public Law 163 (H. R. 2475). 229.

Public Law 381 (H. R. 6305). 228.

Report on S. 1779 of senate committee on education and labor. 230.

Lessons learned in wartime. April.

Libraries.

American Library Association has Washington office. 100.

Library number, thirteenth annual. June.

Lichstein, Joseph. Premarital and prenatal legislation in Canada. 380.

Luce, Gertrude Robinson. 329.

M

Mahoney, John F. 155.

Mahoney, Dr., receives Lasker award. 449.

Marriage and family relations.

What do young people want in a marriage partner? Mirra Komarovsky. 440.

Marriage education, District of Columbia newspaper cooperates in. 453.

Maryland.

Baltimore enacts new ordinance for disease control. 48.

Baltimore health department names new appointees. 338.

Massachusetts Society holds annual meeting and conducts radio program. 265.

Massachusetts Society for Social Hygiene establishes western branch. 106.

May Act is made permanent. 228.

May Act principles, International Association of chiefs of police recommends continuation of. 36.

McCloskey, Mark A., receives Medal of Merit. 390.

McIntire, Ross T. Prevention is the Watchword! Some social implications of the venereal diseases and their control. 420.

Mexico.

Dr. Rosenthal reports on conference on tropical dermatology and venereology. 54.

Michigan rapid treatment center completes second year of operation. 338.

Mississippi blazes a new trail. 266.

Education for responsible parenthood in. 321.

Social hygiene association reports further program. 455.

Missouri.

Kansas City Society honors retiring executive secretary and announces new appointment. 267.

VD education campaign gains new support in St. Louis. 338.

Moral and social factors of VD Control. C. E. Silcox. 56.

Moral equivalent for law enforcement, The. Charles C. Noble. 436.

Mureh, Betty A., *See* News from states and communities.

N

National agencies meet with ASHA. 28.

National Advisory Committees meet in Washington. 202.

National conference on family life is proposed. 257.

National conference on family relations holds annual meeting. 234.

National conference on juvenile delinquency. 445.

National Congress of Parents and Teachers announces new program. 450.

Elects officers. 261.

Urges state and community PTAs to continue active social hygiene participation. 35.

National Council of Jewish Women Convention held in Texas. 450.

National Education Association conference. 334.

National Education Association establishes adult education service. 100.

Sets up a veterans education council. 263.

National events. Reba Rayburn. 26, 100, 202, 233, 257. Eleanor Shenehon. 333, 386, 445.

National Federation of Business and Professional Women's Clubs meets. 334.

National Health Council elects new officers. 206.

National Sheriff's Association conference stresses prevention. 262.

National Social Welfare Assembly holds first meeting and elects officers. 233.

Reports progress. 446.

National Society for Medical Research organized. 334.

National voluntary agencies: a partial list classified by fields of work. 38.

Navy intensifies VD control training of sanitation officers. 237.

Navy provides social protection for servicemen in Japan, The. 82.

Negro insurance association adopts social hygiene resolution. 335.

New chairmen for National Congress of Parents and Teachers appointed. 334.

- New Hampshire Social Hygiene Association holds institute. 267.
- New Jersey.
- A "Coordinated Program of Co-operating Agencies" operated by a state tuberculosis league. 108.
 - Appoints new deputy director of health. 395.
 - Congress of Parents and Teachers reports progress. 48.
 - Health and Sanitary Association holds 71st annual meeting. 268.
 - Social hygiene program (chart). 109.
 - Tuberculosis League makes impressive social hygiene gains. 339.
- News from other countries. Jean B. Pinney. 52, 111, 219, 271, 341, 402, 457.
- News from the states and communities.
- Eleanor Shenehon. 47, 105, 212, 264.
 - Betty A. Murch, 336, 393, 452.
- New strategy against venereal disease, The. Thomas Parran. 127.
- New York Academy of Medicine holds annual health education conference. 107.
- New York.
- Buffalo Social Hygiene Committee plans new year round program. 50.
 - Conference of Tuberculosis Association executives. 107.
 - Seminar for practicing physicians at New York City department of health. 340.
 - "Stamp Out VD" campaign. 395.
 - State committee adds to social hygiene staff. 268.
 - State protects health of migrant farm laborers. 49.
 - Tuberculosis and Health Association adds to social hygiene staff. 398.
- New York City.
- Appoints new director of police-women's bureau. 268.
 - Town Hall offers marriage series. 398.
- Noble, Charles C.
- The moral equivalent for law enforcement. 436.
- No red light district in Manila. 76.
- North Carolina holds conference on conservation of marriage and the family. 268.
- Notes on industrial cooperation. Percy Shostac. 57, 115, 222, 277.
- "Now is the time for all good men . . ." Editorial. 289.
- Nursing organizations hold biennial convention. 335.
- Nyswander, Dr., goes to California. 405.
- O**
- Ohio.
- Cincinnati Social Hygiene Society reports on study of VD in youth groups. 269.
 - Cleveland has new VD control officer. 398.
 - Cleveland health museum acquires Dickinson models. 51.
 - Cleveland druggists cooperate. 108.
 - Cleveland program features round table conference. 270.
 - Social Hygiene at the State Welfare Conference. 454.
- Oregon.
- Conduets combined VD and TB survey. 399.
 - State health officer surveys VD problem. 110.
- Orientation course in VD control given by U. S. Public Health Service and Navy. 239.
- Out of the Shadow? Editorial. 413-18.
- P**
- Pan American.
- Health education conference to be held during Pan American sanitary conference. 274.
 - Book exposition held in Washington. 55.
 - Sanitary conference. 112.
 - Sanitary conference and health education conference postponed. 342.
- Paris moves to close brothels. 81.
- Parran, Thomas. The new strategy against venereal disease. 127.
- Passage of social protection bills is urged at hearings. 202.

- Peacetime relationships in venereal disease control. A working agreement between the army, navy, coast guard, the federal security agency and the American Social Hygiene Association, 1946. 251.
- Pennsylvania.
State health department reports on 1945 events. 455.
- Pinney, Jean B. *See* News from other countries.
- Podolsky, Dr. Edward, control of venereal diseases in the Soviet Union. 459.
- Policewomen.
Cincinnati sets up division of women police. 51.
New York City appoints new director of policewomen's bureau. 268.
- Postwar.
California, Stockton Junior College offers course on "service to the postwar world." 336.
Royal Sanitary Institute holds first postwar health congress. 343.
State and territorial health officers consider postwar VD control. 257.
- Premarital and prenatal legislation in Canada. Joseph Liebshtein. 380.
- Prevention is the Watchword! Some social implications of the venereal diseases and their control. Vice-Admiral Ross T. McIntire. 420.
- Progress in federal legislation. Editorial. 227.
- Prostitution.
Army and Navy vs. Editorial. 66.
California takes action to repress. 393.
Fighting "sin in paradise." Ferris F. Laune. 67.
France: Constituent assembly bans prostitution. 220.
New French law for repression of, goes into effect. 383.
New law against prostitution takes effect in France. 343.
Is commercialized prostitution returning? May frontispiece.
May Act is made permanent. 228.
- Prostitution—continued
Navy provides social protection for servicemen in Japan. 82.
No red light district in Manila. 76.
Salute to Hawaii. William F. Snow. 65.
The threatened return of commercialized (chart). 99.
- Publications received. 61, 122, 278, 347, 408.
- Puerto Rico.
Dr. Fernós-Isern goes to Washington. 399.
- Psychological approach to social hygiene for women, A. Margaret D. Craighill. 199.
- Q
- Quo Vadis? John H. Stokes. 143.
- R
- Rayburn, Reba. *See* National events.
Recent facts and figures in the social hygiene campaign. January.
Relationships of the social protection program (chart). 96.
- Resolutions.
Canada: Social hygiene resolutions will serve as basis for future efforts. 52.
National Congress of Parents and Teachers urges state and community PTA's to continue active social hygiene participation. 35.
Negro Insurance Association adopts social hygiene resolution. 335.
- Rhode Island serves her youth. Josephine D. Sever. 310.
Social Hygiene courses draw large attendance. 400.
- Rolison, Charlotte. Social case work among venereally infected females in a quarantine hospital. 18.
- Rooney, J. Patrick.
ASHA appoints new associate director. 103.
- Rosenthal, Theodore, and George Kerchner. Venereal disease control by New York City health department in relation to cooperation with the armed forces. 3.

S

- Salute to Hawaii! William F. Snow. Editorial. 65.
- Scope of the VD problem, The. 21.
- Seven years' experience with premarital and prenatal examinations for syphilis in New Jersey. Glenn S. Usher and John Hall. 371.
- Sever, Josephine D. Rhode Island serves her youth. 310.
- Shenehon, Eleanor. *See* News from the states and communities, national events.
- Shostae, Percy. *See* Notes on industrial cooperation.
- Sileox, C. E. Moral and social factors of VD control. 56.
- Simmons, Brigadier General, becomes member of Harvard faculty. 391.
- Snow award, presentation to Dr. John H. Stokes and Colonel Lawrence W. Harrison. 135.
- Snow, William F.
The American Social Hygiene Association. Some notes on the historical background, development and future opportunities of the national voluntary organization for social hygiene in the United States. 241.
Editorial: Salute to Hawaii! 65.
Elected president international union for combatting venereal diseases. 457.
- Social case work among venereally infected females in a quarantine hospital. Charlotte Rolison. 18.
- Social hygiene and the citizen. October.
- Social hygiene.
Social hygiene at state welfare conference. 454.
Books on. 285.
British Social Hygiene Council holds conference on family life. 220.
British Social Hygiene Council holds summer school. 276.
Classified list of pamphlets. 282.
- Social hygiene day, A watchword for. 352.
- Social hygiene day marks the start of another year of progress. Editorial. 125.
- Social hygiene day number. December.
- Social hygiene executives meet. 28.
- Social hygiene for women, a psychological approach to. Margaret D. Craighill. 199.
- Social hygiene laws in action. November.
- Social hygiene laws in court. William George Gould. 361.
- International Liaison Committee for Social Hygiene is formed. 219.
- Los Angeles considers needs. 452.
- New Jersey Tuberculosis League makes impressive gains. 339.
- Social protection at home and abroad. February.
- Social protection, National planning for. May.
- Hearings before a subcommittee of the Committee on Education and Labor, United States Senate, on S. 1779. May insert.
- Hearings before subcommittee No. 3 of the committee on the judiciary, house of representatives, on H. R. 5234. May insert.
- Needs in peacetime: current legislation. 90.
- The moral equivalent for law enforcement. Charles C. Noble. 436.
- The Navy provides social protection for servicemen in Japan. 82.
- Passage of social protection bills is urged at hearings. 202.
- United Nations Temporary Social Commission. 271.
- Social welfare.
National Social Welfare Assembly reports progress. 446.
- South Africa.
Community Health Centre of the University of Witwatersrand, Johannesburg, issues first report.
- Soviet Union collects public health materials. 276.
- Soviet Union, Control of venereal disease in. 459.

State and territorial health officers consider postwar VD control. 257.

Stokes, John H.

Biographical notes. 142.

Presentation of the Snow award to, and Colonel Lawrence W. Harrison. 135.

Quo Vadis? 143.

Swanson, Capt. Clifford A., is named Navy Surgeon General. 449.

Sweeney, Esther Emerson.

An experiment in cooperative community organization. Part II: From the viewpoint of the voluntary agency. 301.

USPHS-ASHA "Team Plan." 216.

Switzer, Mary E. Wartime lessons in united action for community welfare. 192.

T

Texas.

El Paso organizes social hygiene society. 400.

Thirty-third anniversary number. March.

Thirty-third annual meeting, American Social Hygiene Association. 162.

Threatened return of commercialized prostitution, The (chart). 99.

To our members and friends. Ray Lyman Wilbur. March frontispiece.

Truman, President, A letter from. March frontispiece.

Turner, Dr. Clair E., joins staff of National Foundation for Infantile Paralysis. 390.

Twenty-two years' progress in social hygiene legislation (Maps). 356.

U

United Nations.

Commission on Human Rights. 272.

Economic and Social Council meets in New York. 271.

Education, Scientific and Cultural Organization gets under way. 458.

General Assembly opens in New York. 402.

United Nations—continued

International health conference. 272.

Temporary Social Commission. 271.

Temporary Social Commission will consider social hygiene problems. 219.

World Health Organization is formed. 402.

United States-Mexico border Public Health Association will hold annual meeting. 112.

U. S. Navy.

Capt. Clifford A. Swanson is named Surgeon General. 449.

Navy awards. 102.

U. S. Public Health Service announces 1946 fellowships in health education. 206.

Offers fellowships in health education for 1947. 447.

VD Division sets up extension and training services. 238.

USPHS-ASHA "Team Plan." Esther Emerson Sweeney. 216.

USPHS.

Industrial Hygiene Division readjusts for peacetime. 387.

Makes new appointment at headquarters. 391.

USPHS-Navy join in VD orientation course. 205.

U. S. War Department.

Civilian medical consultants appointed by Secretary of War. 447.

Women's Interests Advisory Council Meets. 448.

Urology award. 451.

Usher, Glenn S., and John Hall. Seven years' experience with premarital and prenatal examinations for syphilis in New Jersey. 371.

V

Venereal Diseases.

Georgia searches out syphilis and increases treatment facilities. 338.

VD control—Seminar for practicing physicians at New York City department of health. 340.

Venereal diseases.

Army and Navy issue new orders regarding prevention of venereal diseases and repression of prostitution. 203.

Cleveland has new VD control officer. 398.

Control of venereal diseases in the Soviet Union. 459.

Europe: Rapid increase in syphilis during war. 112.

Cincinnati social hygiene society reports on study of VD in youth groups. 269.

First Central American conference on venereal diseases. 273.

Health of the Army. Major General Norman T. Kirk. 425.

Kansas appoints new state VD control officer. 394.

Liga Argentina de Profilaxis Social celebrates anti-venereal day. 342.

Michigan rapid treatment center completes second year of operation. 338.

Moral and social factors of VD control. 56.

New strategy against venereal disease, The. Thomas Parran. 127.

Navy intensifies VD control training of sanitation officers. 237.

Orientation course in VD control given by U. S. Public Health Service and Navy. 239.

Oregon state health officer surveys VD problem. 110.

Peacetime relationships in venereal disease control. 251.

Pennsylvania state health department reports on 1945 events. 455.

The scope of the VD problem. 21.

Social case work among venereally infected females in a quarantine hospital. Charlotte Rolison. 18.

Some social implications of the venereal diseases and their control. Ross T. McIntire. 420.

State and territorial health officers consider postwar VD control. 257.

Venereal diseases—continued

U. S. Public Health Service VD Division sets up extension and training services. 238.

USPHS-Navy join in VD orientation course. 205.

Wartime lessons in venereal disease control. Warren F. Draper. 185.

Working together to stamp out VD. Walter Clarke, M.D. 430.

Venereal disease control by New York City health department in relation to cooperation with the armed forces. Theodore Rosenthal and George Kerchner. 3.

Venereal disease education, factors affecting response to. Paul L. Getzoff. 22.

Venereal diseases and workmen's compensation. Jacob A. Goldberg. 13.

Veterans.

Community advisory centers. 334.

Community advisory centers for veterans and civilians urged by retraining and reemployment administration. 207.

National Education Association sets up a veterans education council. 263.

Virginia.

Lynchburg Social Hygiene Council recommends social hygiene teaching in schools. 340.

W

Wartime lessons in venereal disease control. Warren F. Draper. 185.

Wartime lessons in united action for community welfare. Mary E. Switzer. 192.

West Virginia.

Health education workshop at state college. 400.

What do young people want in a marriage partner? Mirra Komarovsky. 440.

Why social hygiene laws are essential. Editorial. 353.

Wilbur, Ray Lyman. To our members and friends. March frontispiece.

- Women's Army Corps to date, The. 389.
- Women's clubs hold youth conservation conference. 59.
- Women's Interests Advisory Council meets. 448.
- Working Together to Stamp Out VD. Walter Clarke, M.D. 430.
- World Congress on Mental Health in 1948. 404.
- World Medical Association established. 404.
- World organization set up by teachers. 341.
- World Youth Conference planned in 1947. 405.
- Y**
- Yarros, Rachelle S. 184, 331.
- Youth.
- Cincinnati Social Hygiene Society reports on study of VD in youth groups. 269.
- International labor conference considers needs of children and youth. 111.
- Youth and religion in Canada. 60.
- Youth notes. 59, 118, 225.

BOOKS REVIEWED

BY AUTHOR AND TITLE

- Animal babies. Alice Day Pratt. 407.
- Brand new baby, A. Margaret A. Stanger. 407.
- Control of venereal disease, The. R. A. Vonderlehr and J. R. Heller, Jr. 344.
- Fahs, Sophia L., and Elizabeth M. Manwell. Growing bigger. 407.
- Fertility in men. Robert Sherman Hotchkiss. 344.
- Fertility in women. Samuel L. Siegler. 344.
- Government in public health. Harry S. Mustard. 407.
- Growing bigger. Elizabeth M. Manwell and Sophia L. Fahs. 407.
- Heller, J. R., Jr., and R. A. Vonderlehr. The control of venereal disease. 344.
- Hotchkiss, Robert Sherman. Fertility in men. 344.
- Kitching, Howard. Sex problems of the returned veteran. 408.
- Manwell, Elizabeth M., and Sophia L. Fahs. Growing bigger. 407.
- Marriage and the family. Edgar Schmiedeler. 345.
- Morris, Evangeline Hall. Public health nursing in syphilis and gonorrhea. 346.
- Mustard, Harry S. Government in public health. 407.
- Pratt, Alice Day. Animal babies. 407.
- Proceedings—28th recreational congress. 345.
- Public health nursing in syphilis and gonorrhea. Evangeline Hall Morris. 346.
- Schmiedeler, Edgar. Marriage and the family. 345.
- Services for unmarried mothers and their children. 407.
- Sex problems of the returned veteran. Howard Kitching. 408.
- Siegler, Samuel L. Fertility in women. 344.
- Stanger, Margaret A. A brand new baby. 407.
- Vonderlehr, R. A., and J. R. Heller, Jr. The control of venereal disease. 344.

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CONTENTS

Editorial: Facts and Figures as Guides to Action.....	1
Venereal Disease Control by New York City Health Department in Relation to Cooperation with the Armed Forces....Theodore Rosenthal and George Kerchner	3
Venereal Diseases and Workmen's Compensation.....Jacob A. Goldberg	13
Social Case Work among Venereally Infected Females in a Quarantine Hospital.....Charlotte Rolison	18
Factors Affecting the Response to Venereal Disease Education.....Paul L. Getzoff	22
National Events	Reba Rayburn 28
National Voluntary Agencies	38
News from the States and Communities.....Eleanor Shenehon	47
News from Other Countries.....Jean B. Pinney	52
Notes on Industrial Cooperation.....Percy Shostac	57
Youth Notes	59
Publications Received	61
Announcements	84

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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Recent Facts and Figures in the Social Hygiene Campaign

FACTS AND FIGURES AS GUIDES TO ACTION

Modern efficiency in public health and welfare, as in commercial and all other types of enterprise, calls for sound, accurate information on the current situation as an operating base for the present and a framework for the future. Plain facts and figures, seen in their perspective to the particular objective at a particular time, are the essential tools with which begins the building of any program for human aid and betterment. As the structure grows, facts and figures measure its progress and its usefulness, indicate the segments where work may be considered completed, and point out other areas where reinforcement must be provided or an entirely new plan adopted, with new materials and new goals. Wise workers know the dull-surfaced stuff of tabulations and reports as background fabric on which may be woven a brilliant tapestry of ideals fulfilled and objectives achieved. To the clear-visioned, facts and figures are reliable guides to action and advancement.

Social hygiene is among the movements which have constantly utilized facts and figures as guides to next steps, and the papers in this number of the JOURNAL are good examples of future action indicated by current conditions. In the wartime study by Dr. Rosenthal and Mr. Kerehner, for instance, the statistics, now being confirmed by postwar developments, concerning a disproportionate increase in syphilis and gonorrhea among younger groups, clearly

show that social hygiene must continue to concentrate its efforts on education and guidance of young people towards behavior standards which will keep them from risking exposure to infection. Miss Rolison's survey of efforts to help 861 girls who had failed to receive, or failed to benefit by, such guidance, is added evidence of the need for redoubled effort. And Captain Getzoff's report on soldier opinion of the value of Army social hygiene education and soldier ability to understand and make use of such education, as revealed by knowledge and recollection of what had been taught, is one more stone for the rebuilding of informational programs and materials.

In the Rosenthal-Kerchner article, also, by contrast, the authors' reference to effectiveness of local efforts to repress prostitution during wartime points up another postwar trend. With 50 out of 181 "closed" cities recently studied by the American Social Hygiene Association "opening up" or planning to do so, United States communities can no longer congratulate themselves and the nation on keeping commercialized prostitution "at its lowest ebb," as was the case when this article was written nine months ago. These facts and figures are surely plain guides to action, here and now, vigorous and united.

Another index of needs and possibilities in a special social hygiene area is provided in Dr. Goldberg's current review of varying court interpretations and employer attitudes on an old, much discussed problem in industry and business—that of compensation in cases of workman disability through venereal disease. His early report on the New York State Law adopted in 1945 to correct injustices occurring in certain aspects of this problem is a factual adjunct, which social hygiene workers in other localities will find useful.

"The concrete," says the dictionary, "is that which is of the nature of, or characterized by, immediate experience, belonging to actual things or events, as contrary to the abstract, which deals with a subject in its theoretical considerations only." This First Month of the First Year of Peace A.D. 1946, the JOURNAL believes can be celebrated in no better way than by careful consideration of facts and figures such as those presented here and as constantly compiling themselves before us in our "immediate experience," and by employing the concrete knowledge gained as a guide to prompt and united action as needed.

VENEREAL DISEASE CONTROL BY NEW YORK CITY HEALTH DEPARTMENT IN RELATION TO COOPERA- TION WITH THE ARMED FORCES *

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AND

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The control of venereal diseases has undergone marked changes in recent years, not only from the medical but also from the public health standpoint. A generation ago the chief activity of local health departments in the control of venereal disease was the operation of clinics for diagnosis and treatment. The progressive development and expansion of venereal disease work have now emphasized the epidemiologic phases of control.

All administrative control in the New York City Health Department is closely integrated with the central registry file of reported cases, and suspects, of venereal diseases maintained at the office of the Bureau of Social Hygiene. This Office is the focal point for the receipt of information on patients and contacts from civilian jurisdictions all over the United States, together with contacts of members of the armed forces.

Other developments which have changed the course of the work of the Health Department have been rapid treatment methods for both syphilis and gonorrhea. As a result of the rapid cure, or the rapid disappearance of infectious lesions produced by such treatment, the epidemiologic approach for prompt and energetic investigation of contacts, rather than the mere diagnosis, treatment and follow-up for return to treatment of clinic cases, has assumed great importance.

In venereal disease work the New York City Health Department is now charged with the following responsibilities over and above the operation of diagnostic and treatment clinics: Thousands of civilian contacts to infected members of the armed forces are reported each year; careful investigation of every such report must be made. The Selective Service System is still operating for the purpose of securing acceptable candidates for induction into the armed forces; all men discovered to be infected as a result of these examinations

* Condensed from papers presented by the authors at a meeting of Army and Navy and civilian venereal disease control officers at Governor's Island on April 23, 1945.

must be followed and brought under medical care. The Army Separation Centers, which commenced operation in 1944, and which will process men at a constantly increasing rate, report to the Health Department all members of the armed forces being demobilized who are infected or suspected of being infected with venereal disease.

Authority for the administrative control of venereal disease is complete, and is found in the provisions of the New York City Sanitary Code and the State Public Health Law. These provisions give the Health Department control not only of persons known to be infected, but also of persons suspected on reasonable grounds of being infected with venereal disease. A recent opinion by the State Attorney General is to the effect that contact reporting from the armed forces to a civilian health agency does in fact constitute reasonable grounds of suspicion.

Of prime importance in the public health control of any disease, is the attitude and degree of cooperation of the medical profession and hospitals and clinics in the area. In New York City this cooperation is excellent, as evidenced by the completeness of morbidity reporting of syphilis, reports of contacts, and notification of lapsed and delinquent cases. Sixty-three clinics for the diagnosis and treatment of venereal disease (not including the twenty operated by the Health Department), and, in peacetime, 16,000 physicians, supplement the activities of the Health Department in preventing the spread of venereal disease and in controlling infected persons.

MORBIDITY REPORTING

The foundation of administrative venereal disease control is the morbidity or case report. The Sanitary Code requires reporting of every case of venereal disease by all physicians, institutions or clinics diagnosing or treating such cases. Army and Navy installations within New York City also report their venereal disease cases to the Health Department. (See *Table I.*)

Although the total number of reported cases of syphilis has decreased, the number reported as in the primary or secondary stage have increased from 2,957 in 1941, to 3,414 in 1942, to 4,252 in 1943 and to 4,841 in 1944. This is a 64 per cent increase in 1944 over 1941, the last pre-war year. Of particular significance, however, is that in the age group from 15 to 19 inclusive (see *Table II*) the increase has been 209 per cent (255 cases to 788) and in the age group 20 to 24 inclusive, 110 per cent (749 cases to 1,576). The decrease in reported cases was noted in cases of syphilis of long duration.

Gonorrhea cases, while not as completely reported as syphilis, also showed a similar trend. Cases in 1944 showed an 18 per cent increase over 1941, but those in the age group 15 to 19 inclusive showed a 146 per cent increase (1,188 to 2,926) and those in the 20 to 25 year age group inclusive, a 31 per cent increase (3,997 to 5,243). (See *Table III.*)

TABLE I
CASES OF VENEREAL DISEASE REPORTED FOR THE FIRST TIME IN NEW YORK CITY BY REPORTING AGENCY
AND STAGE, 1943-44

	Total		Private Physician		Clinics and Hospitals		Penal and Mental Institutions		Armed Forces	
	1943	1944	1943	1944	1943	1944	1943	1944	1943	1944
<i>Total Syphilis</i>	25,878	23,069	10,068	9,654	14,347	12,618	982	509	481	288
<i>Primary or Secondary</i>	4,252	4,841	1,361	1,577	2,586	3,036	39	15	266	213
<i>Early Latent</i>	5,551	5,612	2,437	2,567	2,896	2,981	99	21	119	43
<i>Late or Late Latent</i>	15,006	11,803	6,006	5,301	8,074	6,000	833	470	93	32
<i>Congenital</i>	651	572	223	184	419	386	6	2	3	0
<i>Not Stated</i>	418	241	41	25	372	215	5	1	0	0
<i>Gonorrhea</i>	12,957	14,489	1,533	2,104	9,172	10,512	318	69	1,934	1,804
<i>Chancroid</i>	410	310	35	32	296	253	0	2	79	23
<i>Granuloma Inguinale</i>	97	145	6	9	88	134	0	0	3	2
<i>Lymphogranuloma Venereum</i>	187	202	9	16	140	174	0	1	38	11

TABLE II

AGE DISTRIBUTION OF REPORTED CASES OF PRIMARY OR SECONDARY SYPHILIS IN NEW YORK CITY, 1940-1944

Age	Male					Female				
	1940	1941	1942	1943	1944	1940	1941	1942	1943	1944
Total.....	2,066	2,040	2,338	2,757	2,829	1,041	917	1,076	1,495	2,012
Under 15 years.....	3	5	4	4	9	11	11	11	14	20
15-19.....	120	132	177	306	358	141	123	154	305	430
20-24.....	483	448	596	795	830	348	301	364	543	746
25-29.....	426	449	461	511	518	220	212	222	288	364
30-34.....	326	354	364	365	361	111	101	129	152	206
35-39.....	255	241	277	253	207	83	62	65	76	104
40-44.....	176	151	174	195	208	54	54	43	37	41
45-49.....	113	111	106	129	100	22	19	26	21	22
50-54.....	59	58	68	71	91	11	8	15	15	9
55 and Over.....	52	49	51	59	70	5	6	6	6	17
Age Unknown.....	53	42	60	69	77	35	20	41	38	53
Percentage Distribution *	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	0.1	0.3	0.2	0.1	0.3	1.1	1.2	1.1	1.0	1.0
15-19.....	6.0	6.6	7.8	11.4	13.0	14.0	13.7	14.9	20.9	21.9
20-24.....	24.0	22.4	26.2	29.6	30.2	34.6	33.6	35.2	37.3	38.1
25-29.....	21.2	22.5	20.2	19.0	18.8	21.9	23.6	21.4	19.8	18.6
30-34.....	16.2	17.7	16.0	13.6	13.1	11.0	11.3	12.5	10.4	10.5
35-39.....	12.7	12.1	12.2	9.4	7.5	8.2	6.9	6.3	5.2	5.3
40-44.....	8.7	7.5	7.6	7.3	7.6	5.4	6.0	4.1	2.5	2.1
45-49.....	5.6	5.6	4.6	4.8	3.6	2.2	2.1	2.5	1.4	1.1
50-54.....	2.9	2.9	3.0	2.6	3.3	1.1	0.9	1.4	1.0	0.5
55 and Over.....	2.6	2.4	2.2	2.2	2.5	0.5	0.7	0.6	0.4	0.9
Median Age (in Years)	29.7	29.6	28.9	27.3	26.7	25.1	25.3	24.8	23.8	23.5

* Does not include age unknown.

TABLE III
AGE DISTRIBUTION OF REPORTED CASES OF GONORRHEA IN NEW YORK CITY, 1940-1944

Age	Male					Female				
	1940	1941	1942	1943	1944	1940	1941	1942	1943	1944
Total	10,751	9,196	9,336	9,619	10,120	3,888	3,101	2,686	3,338	4,369
Under 15 years	84	72	72	59	69	355	323	249	171	168
15-19	983	901	1,218	1,743	2,015	337	287	380	581	911
20-24	3,210	2,930	3,134	3,490	3,515	1,288	1,087	956	1,219	1,728
25-29	2,528	2,079	1,992	1,801	1,933	872	593	537	602	767
30-34	1,541	1,339	1,135	1,062	1,099	451	394	271	346	397
35-39	972	765	741	612	627	269	187	139	206	174
40-44	578	463	404	307	354	129	108	53	102	77
45-49	335	236	203	144	194	83	60	32	44	39
50-54	164	119	127	67	76	29	32	19	25	19
55 and over	138	119	87	67	53	29	19	7	18	22
Age Unknown	218	173	223	267	185	46	31	43	24	67
Percentage Distribution *	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	0.8	0.8	0.8	0.6	0.7	9.2	10.5	9.4	5.2	3.9
15-19	9.3	10.0	13.4	18.6	20.3	8.8	9.3	14.4	17.5	21.2
20-24	30.5	32.5	34.4	37.3	35.4	33.5	34.8	36.2	36.8	40.2
25-29	24.0	23.0	21.9	19.3	19.5	22.7	19.3	20.3	18.2	17.8
30-34	14.6	14.8	12.5	11.4	11.1	11.7	12.8	10.3	10.4	9.2
35-39	9.2	8.5	8.1	6.5	6.3	7.0	6.1	5.3	6.2	4.0
40-44	5.5	5.1	4.4	3.3	3.6	3.4	3.5	2.0	3.1	1.8
45-49	3.2	2.6	2.2	1.5	2.0	2.2	2.0	1.2	1.3	0.9
50-54	1.6	1.3	1.4	0.7	0.8	0.8	1.0	0.7	0.8	0.4
55 and over	1.3	1.3	1.0	0.7	0.5	0.8	0.6	0.3	0.5	0.5
Median Age (in years)	27.0	26.5	25.3	24.1	24.1	24.8	24.3	23.6	24.5	23.1

* Does not include age unknown.

HEALTH EDUCATION

One of the most important phases of any venereal disease control program is considered to be widespread and comprehensive health education suitably directed to various groups and levels of the population. In accordance with this belief, health educational activities go on constantly with such diverse organizations and agencies as labor unions, religious groups, fraternal orders and social and benevolent organizations. At the same time parallel efforts with the medical, dental, and nursing professions, go forward.

The Health Department has placed its educational facilities at the disposal of all military groups in the city. Films, posters and literature are used for the information of personnel of all kinds stationed in New York City or passing through. Educational materials have been supplied to units of the Ground Forces, Air Corps, Coast Guard, Navy, WAVES and WACS. Films were shown at military hospitals and veterans' hospitals. Draft boards and prophylactic stations have been provided with pamphlets for distribution. Through the cooperation of the Merchant Marine Medical Center, all seaman installations in the city were reached with information about the venereal diseases.

CONTACT INVESTIGATION

The activities of the Epidemiological Division have been directed primarily towards the follow-up of both familial and non-familial contacts to actively infectious cases of venereal disease, with the greatest emphasis on those reported by members of the Armed Forces. Workers are detailed to the Rapid Treatment Center, for the purpose of interviewing all patients in order to secure names and addresses of their contacts.

In the bureau office, selected follow-up on contacts to patients with communicable venereal disease is initiated by registered letters, where a complete name and address is available. Home visits are made if there is no response by the contact to the follow-up letter within a limited time period. Selected contacts with incomplete names and complete addresses are visited at home by Health Department workers.

Incomplete names, incomplete addresses or names and addresses of prostitutes, or addresses of bars, grills, dance halls, houses of prostitution, hotels, street intersections, subways, railroad stations, bus terminals are sent to the Police Department for action. There were 2,509 such referrals to the Police Department in 1944, compared with 1,286 in 1942. Contact reports received with inadequate information, so that follow-up can not be initiated are returned to the referring source with a notation that investigation will be initiated upon receipt of more information. In 1944, a total of 10,508 contact reports from the armed forces were received; the sources were:

Army	5,686
Navy	3,871
Coast Guard	237
Merchant Marine and USPHS	714

10,508

Of these notifications, 3,720 or 35.4 per cent did not have adequate information for any action to be taken, and were returned with a notation that investigation would be initiated upon receipt of additional information. A total of 1,945 more or 18.5 per cent were forwarded to the New York City Police Department because of prostitution, or because the place of encounter or exposure was given as a bar, grill, dance hall, hotel, street intersection, subway, railroad station, bus terminal, etc., and no home residence provided. An additional 784 or 7.5 per cent were found after investigation to be out of New York City and were forwarded to the Health Department of jurisdiction. This left 4,059 cases or 38.6 per cent for investigation by the New York City Health Department. As of February 28, 1945, 2,464 cases, 61 per cent of those investigated were located, 2,223 examined and 939 found infected. One thousand, five hundred and six could not be located at the addresses given and 89 were still under investigation.

Of the 10,508 reports received, 2,547 were contacts of syphilis cases, 7,655 were contacts of gonorrhea cases, 194 were contacts of chancroid cases, 3 were contacts of granuloma inguinale cases and 109 were contacts of lymphogranuloma venereum cases.

Of the total reports, 1,705 were for familial contacts, 7,786 were for non-familial contacts; only 2,448 of these gave a complete name and address. In 1,017 reports the relationship was not given.

The 1,705 familial reports were received as follows:

Army	1,401
Navy	26
Coast Guard	6
Merchant Marine and USPHS	272

All of us here are aware of the specific exception made in paragraph 3 of the *Eight Point Agreement*, with respect to familial contacts of Naval patients. Since familial contacts, including wives of Naval patients in this area are not reported to the local health department, and since there is reason to believe that the Navy is unable to cope with this situation, there must be many civilians at large in this community who are not only contacts to infected members of the Navy but who may be at the same time engaged in promiscuous activities, resulting in the infections of additional members of the armed forces. It is realized that this decision was made by higher authority during a time when the Navy probably could take care of such familial contacts. At the present time, however, this is a most anomalous situation which is in sore need of correction.

The Army does report familial contacts; for the first half of 1944, 1,095 (251 infected) familial contacts to syphilis and gonorrhea were reported. The change in regulation, removing the punitive element from venereal infection, went into effect in September, 1944, and was immediately reflected in a sharp reduction in the number of familial contacts reported in the second half of the year, when only 306 (103 infected) familial contacts were reported, the majority during the months of July and August. This leads to the thought

that there still may be numbers of unreported familial contacts in this area, of which a substantial number are venereally infected. Of the 1,401 familial contacts reported during the entire year by the Army, 354 or approximately 25 per cent were found infected.

The 7,786 non-familial contact reports gave the following relationships:

		<i>Per Cent</i>
Friend	1,461	18.8
Pick-up, no fee paid	5,315	68.3
Streetwalker	727	9.3
Prostitute in brothel	229	2.9
Wife-separated	41	0.5
Other	13	0.2
	7,786	100.0 per cent

The validity of the relationship as given by the service man may be questioned, but an analysis by place of encounter and place of exposure for each of the three categories—friend, pick-up and prostitute tends to confirm that the serviceman's use of these three titles to describe the woman who infected him must be accepted at face value. Friend and pick-up are apparently not the same kind of person, and neither is a prostitute. Each one of these categories gives an entirely different pattern of place of encounter and place of exposure, as shown in *Table IV*:

TABLE IV
NON-FAMILIAL CONTACTS BY PLACE OF ENCOUNTER REPORTED
BY ARMED FORCES, 1944

<i>Place of Encounter</i>	<i>Total</i>		<i>Friend</i>		<i>Pickup</i>		<i>Streetwalker and Prostitute</i>	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
<i>Total</i>	7,732	100.0	1,461	100.0	5,315	100.0	956	100.0
Unknown	1,105	14.0	681	47.0	344	6.0	80	8.0
Transportation								
Terminal	199	3.0	34	2.0	149	3.0	16	2.0
Hotel	178	2.0	20	1.0	118	2.0	40	4.0
Cab or Auto	6	0.1	1	0.7	2	0.4	3	0.3
Street	1,881	24.0	68	5.0	1,413	27.0	400	41.0
Tavern	2,662	34.0	149	10.0	2,239	42.0	274	29.0
Dance Hall	464	6.0	51	3.0	375	7.0	38	4.0
Theatre	185	2.0	17	1.0	155	2.0	13	1.0
Private Property..	224	3.0	176	12.0	39	0.7	9	1.0
Other	828	11.0	264	18.0	481	9.0	83	9.0

For places of exposure the patterns are also different, as shown in *Table V*. (See page 9.)

An analysis has also been made of the three groups, friend, pick-up and prostitute, by the age given on the report. This also seems to bear out the validity of the relationship given by the serviceman, as in only 11 per cent of the reports for friend, the age was not given, compared with 58 per cent of the pick-up and 57 per cent of the prostitutes.

TABLE V

NON-FAMILIAL CONTACTS BY PLACE OF EXPOSURE REPORTED BY ARMED FORCES, 1944

Place of Exposure	Total		Friend		Pickup		Streetwalker and Prostitute	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total	7,732	100.0	1,461	100.0	5,315	100.0	956	100.0
Unknown	568	7.0	206	14.0	317	6.0	45	5.0
Home	3,223	42.0	886	61.0	1,889	36.0	448	47.0
Hotel	2,447	32.0	203	14.0	1,950	37.0	294	31.0
Cab	38	0.5	3	0.2	30	0.6	5	0.5
Auto	335	4.0	35	2.0	288	5.0	12	1.3
Cabin	16	0.2	...	...	14	0.3	2	0.2
Brothel	91	1.0	...	...	9	0.2	82	8.0
Upstairs	6	0.1	1	0.1	5	0.1	...	...
Outdoors	383	5.0	27	2.0	334	6.0	22	2.0
Other	625	8.0	100	7.0	479	9.0	46	5.0

NON-FAMILIAL CONTACTS BY AGE GROUP REPORTED BY ARMED FORCES, 1944

Age Group	Total		Friend		Pickup		Streetwalker and Prostitute	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total	7,732	100.0*	1,461	100.0*	5,315	100.0*	956	100.0*
Under 15	2	0.1	1	0.1	1	0.0	0	0.0
15-19	896	22.8	348	26.8	466	21.0	82	19.8
20-24	2,175	55.3	656	50.5	1,280	57.7	239	57.7
25-29	643	16.4	200	15.4	370	16.7	73	17.6
30-34	162	4.1	69	5.3	75	3.4	18	4.3
35-39	48	1.2	21	1.6	25	1.1	2	0.5
40 and Over	5	0.1	3	0.2	2	0.1	0	0.0
Age Unknown	3,801	...	163	...	3,096	...	542	...

* Does not include Age Unknown.

The attitude of local government in New York City with respect to commercialized prostitution is reflected in the oft-repeated statements of Mayor LaGuardia, to the effect that prostitution must be rigidly suppressed. This policy has been translated into action by the Commissioner of Police.

Surgeon General Parran stated not long ago, "Too often in the past health officers have neglected their direct medical responsibilities in controlling syphilis and have diluted their efforts by attempting to function in the whole field of social hygiene. The repression of prostitution is primarily the responsibility of the law enforcement agency."

The effectiveness of local efforts at suppression of commercialized prostitution may be seen in the recent confidential surveys made in this area by the American Social Hygiene Association. These have revealed that commercialized prostitution is at its lowest ebb.

CONCLUSIONS

If it is in order to make some comments and suggestions on methods of improving cooperative relationships between local health departments and armed forces in venereal disease control, the following are submitted:

Better contact information:

- (a) Information should be legibly typed or written—many of the reports submitted on *Form 140* of the Army are completely illegible. At times one gets the impression after reading dozens of contact reports, all with the word “unknown” in response to questions regarding name and address and other pertinent data, that these are being filled out in a purely perfunctory manner.
- (b) Only specially trained contact interviewers should fill out contact report forms. These persons may be medical officers, non-commissioned officers, or other personnel with an interest and previous training and experience in this important activity.
- (c) Prior to transmission to health departments, each contact report should be scrutinized by a reviewing officer whose duty it should be to note carefully the information on the contact report and decide whether it is of any value to the local health department.
- (d) Many Army contact reports on *Form 140* come to us in single copies. After investigation is completed this original copy is returned to the Army station where it originated, leaving no original copy of the information in the Health Department's hands. Often we are requested by the police or the courts, or the Alcoholic Beverage Control Board, in connection with various legal proceedings, to present evidence concerning places of encounter, of bars or grills or other location. The use of the Navy forms does result in our having such original records available; these have been repeatedly utilized to their fullest extent by the various law enforcement agencies.

Finally, we must never lose sight of the trenchant observation of Stokes,

“Venereal disease dissemination takes place in the period between infection and the institution of treatment control. It is not the patient under treatment who spreads disease but the promiscuous individual before and after treatment. In other words, we must move against promiscuity rather than, or in addition to, disease.”

The final paragraph may be somewhat anti-climactic. In order to accomplish our objectives, a minimum of trained professional and clerical staff is essential. Woeful shortages in all such categories, medical, nursing, clerical and stenographic, now prevail in our Department and presumably in other civilian health agencies; health departments have lost and are still losing trained workers to the armed forces. May we express the hope that these experienced workers will find their way into venereal disease control activities, in behalf of the armed forces.

VENEREAL DISEASES AND WORKMEN'S COMPENSATION

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The campaign for the prevention and control of the venereal diseases has achieved remarkable progress in the past ten years. The widespread interest; the acceptance of the subject as a whole for discussion by the public press and radio; the intensified preventive and medical programs coupled with large appropriations by the Congress; the enactment of legislation in various states covering premarital and prenatal examinations; the setting up of rapid treatment centers; the mass examination of millions of men who have entered the Army and the Navy; the use of sulfonamides and penicillin—these and other factors have all played a major part in the progress that has been made. There is, however, the danger that looking upon the progress that has been achieved in the past decade, and the further advances that may be reasonably expected within the next few years, some may be lulled into a sense of satisfaction and fail to do their part in continuing the various tasks that still lie ahead. It is quite true that gains have been achieved, that the picture as a whole is much better than we had reason to expect even a few years ago. But the job is far from complete. Those who are in a position to evaluate the conditions that may prevail immediately after the war is ended are of the opinion that, unless pressure in various directions is continued and maintained, we may note a serious regression. That is what happened in 1918 and 1919.

As a part of the general educational campaign and efforts to have large numbers of civilians examined and treated when found infected, contacts have been made with many employers. The objective has been to gain their cooperation in the blood testing of their workers—with the consent of the latter of course—and the arrangement for treatment of those found to need such care. One of the difficulties faced in this procedure is the tendency of employers or their representatives in personnel departments to refuse to hire those found to have acquired syphilis or to discharge employees giving blood evidence of the disease. Naturally this is assumed to be a severe penalty to impose on workers, and widespread application of such plans of hiring and firing could lead to serious consequences. Full knowledge about syphilis is hardly to be expected of employers or personnel directors. Their prejudices weigh against the infected workers; the self-interests of the employers likewise have a bearing upon this matter. This applies particularly in the field of workmen's compensation.

AGGRAVATION OF PRE-EXISTING DISEASE

The pre-existence of disease in compensation cases gives rise to problems for which it is exceedingly difficult to find a solution which will be equitable to all concerned. In general, the accepted theory seems to be that an employer takes workers as he finds them and must, therefore, assume the burden of compensating an injured employee even though disease or disability unrelated to the employment, increases the probability of serious consequences in case of accidental injury. To some extent employers, particularly in large scale establishments, have fortified themselves by requiring applicants for employment to undergo a physical examination prior to employment, by establishing an age limit, and requiring a periodic medical re-examination.

The courts have held with considerable uniformity that where an employee afflicted with a disease receives a personal injury for which he might be entitled to compensation, had there been no disease involved, he may be awarded compensation if, as a result of the injury, the disease is accelerated or aggravated, and its progress materially contributing to hasten its culmination in disability or death. (In re Bowers, Williams, Colan, 65 Ind. App. 128, 116 N.E. 842, 1917.)

Mere disposition to disease does not make the injury any the less accidental, if the disease is actually brought on by the injury (Wabash R. Co. v. Industrial Commission, 286 Ill. 94, 121 N.E. 569, 1918). Where a fireman fell from an engine cab and died without regaining consciousness, although the autopsy showed pre-existing disease which exposed him to hemorrhage of the brain, which caused his death, the court held that the accident was a contributing cause and an award for compensation was sustained. (Peoria R. Co. v. Industrial Board, 279 Ill. 352, 116 N.E. 651, 1917.) The mere fact that the employee's condition renders him more susceptible to the particular injury which he sustains, has been held not to be ground for maintaining that the disease or condition, rather than the accident, was the proximate cause of the injury. (Puritan Bed Spring Co. v. Wolfe, 68 Ind. App. 330, 120 N.E. 417, 1918.)

It has been held that if an accident arouses latent germs of a disease to which the workman is predisposed, materially accelerating the disease and causing death, it is an accident within the law (Retmier v. Cruse, 67 Ind. App. 192, 119 N.E. 32, 1918). Further, the presence of a disease which in itself partially disables the worker has been held not to operate to deprive him of compensation where it is shown that the accident increased the disability. (Slinger v. Muskegon Motor Specialties Co., 201 Mich. 473, 167 N.W. 949, 1918.) It is sufficient to justify an award if the accident, by weakening resistance or otherwise influencing existing disease, causes disability or death (Marlman v. Record Co., 118 Me. 172, 160 Atl. 606, 1919).

VENEREAL DISEASE CASES

Cases in which syphilis and gonorrhea were involved have been appealed to the courts from the administrative bodies which heard

the claims and evidence in the first instance. The following cases are representative of the points of view of courts in several parts of the country.

In a case where an employee sustained an injury to his head, and due to a pre-existing condition of syphilis, he subsequently became insane, it was held that compensation should be granted (*In re Crowley*, 223 Mass. 288, 111 N.E. 786, 1916).

In a Missouri case, an employee died following an accident which caused a latent syphilitic infection to become active. This resulted in general paralysis and insanity and was held to be compensable without allowance for the presence of disease as a contributing factor. (*Harder v. Thrift Const. Co.*, 53 S.W. 2d 34, 1932.)

A night watchman in Nebraska in the course of his employment injured his back and shoulder. The total disability caused by a syphilitic condition aggravated by the injury was held to be compensable. (*Miller v. Central Coal and Coke Co. of Omaha*, 123 Neb. 793, 224 N.W. 401, 1932.)

In Iowa it was found that though a claimant's injury was slight and would not have resulted in prolonged disability but for latent gonorrheal trouble, when the latent trouble was accelerated by the injury and resulted in disability, the claimant is entitled to compensation, the term "personal injuries" including a pre-existing disease lightened up or accelerated by an injury. (*Hanson v. Dickinson*, 188 Iowa 728, 176 N.W. 823, 1920.)

In 1944 the Florida courts ruled that a workman who suddenly became ill after working in a hot boxcar, aggravating the existing disease of syphilis and suffered a cerebral hemorrhage which resulted in paralysis and permanent disability was entitled to compensation under the Florida Workmen's Compensation Act (*Davis v. Artley Const. Co.*, 18 So. 2d 255, 1944).

The preceding cases are indicative of the usual interpretations placed by judges in various jurisdictions on the question of aggravation of a pre-existing disease, whether such involves tuberculosis, heart disease, a hernia, an eye defect, or even syphilis or gonorrhea. Employers are well aware of this fact. Casualty insurance companies through their representatives have frequent occasion to appear before workmen's compensation referees when such cases are up for decision, and when such decisions are appealed to the courts on the basis of the laws involved. It is because of the seeming discrimination against the employer evidenced by such administrative and judicial decisions that many workers having a venereal disease are denied employment. Attempts to convince employers, personnel and employment managers, and even medical directors of large industrial organizations of the presumed unfair and unwarranted discrimination against some workers have often been futile. During a period of worker shortage, many physical handicaps must of necessity be overlooked. As the medical director of a large steel plant put it: "We'll hire any worker who can walk, irrespective of the diseases and dis-

abilities with which he is afflicted." Once the industrial picture is modified, and the labor supply becomes more adequate to meet industrial needs, there may again be a reversion to a previous condition of greater selectivity.

RECENT LEGISLATION IN NEW YORK

In New York State, which has often been a leader in the field of advanced social legislation, this general problem as elsewhere has been given serious study. Consideration of the subject is particularly timely because without some modification in the workmen's compensation law, many disabled veterans, as well as other disabled persons, will face difficulties in obtaining employment. Under the provisions of Chapter 872, Laws of 1945, which went into effect on April 1st of last year, special plans are set up to provide for any workmen's compensation claims for permanent physical impairment arising out of employment, and aggravating a previously existing disease or impairment. The objective sought by this new legislation is to encourage employment opportunities for the considerable number of partially disabled veterans and other persons for whom such opportunities might not exist because of the potentially high cost of compensation in case of a subsequent injury or occupational disease. By relieving the employer of the immediate burden of full compensation and reimbursing him for the excess compensation cost, it is believed that encouragement will be given for the employment of such disabled persons. It has been stated by impartial though thoroughly informed experts that the workmen's compensation law should not be permitted to create an obstacle to their hiring. It is believed that the understandable reluctance of many employers to hire partially disabled persons may be overcome by relieving employers of a large part of the cost of accidents or diseases for which they are not fully responsible.

Some of the provisions of Chapter 872, Laws of 1945, are as follows:

(1) That every person in the state who works for a living is entitled to a reasonable opportunity to maintain his independence and self-respect through self-support, even after he has been physically handicapped by injury or disease;

(2) That any plan which will reasonably, equitably and practically operate to break down hindrances and remove obstacles to the employment of partially disabled persons honorably discharged from our armed forces, or any other physically handicapped persons, is of vital importance to the state and its people, and is of concern to this legislature;

(3) That it is the considered judgment of this legislature that the system embodied in this subdivision which makes a logical and equitable adjustment of the liability under the workmen's compensation law which an employer must assume in hiring employees, constitutes a practical and reasonable approach to a solution of the problem for the employment of physically handicapped persons.

It is further provided that the additional compensation which may be required shall be paid out of a special disability fund. In the case of a permanent disability caused by two injuries that is mate-

rially and substantially greater than that which would have resulted from the subsequent injury or occupational disease alone, the employer or his insurance carrier shall be reimbursed from the special disability fund created by this law for all compensation and medical benefits paid out by him subsequent to those payable for the first one hundred and four weeks of disability.

If the subsequent injury resulting from an accident arising out of and in the course of his employment or an occupational disease arising therefrom, shall result in the death of the employee, and it is determined that either the injury or death would not have occurred except for such pre-existing permanent physical impairment, the employer or his insurance carrier shall pay the funeral expenses and all death benefits, but shall be reimbursed for all payments made after the first one hundred and four weeks out of the special disability fund.

This special disability fund is set up by an assessment upon insurance carriers, including the state insurance fund and self-insurers, of a sum equal to one per cent of the total compensation paid by such carrier in the year 1944, and by a proportionate amount of all moneys paid out of the fund in each year thereafter.

SUMMARY

This new law in New York State is an outstanding attempt to meet new conditions growing out of the war and situations that have confronted workmen's compensation referees, the courts, insurance carriers and, of course, the injured and ailing workers. By the enactment of this law, employers are no longer placed in the position of feeling compelled to refuse to give employment to applicants for jobs who give a history of previous venereal disease infection or evidence of a positive serologic test for syphilis. In case of subsequent accident, the full burden for compensation will not fall upon the last employer, as has heretofore been the case in New York State and elsewhere. This new law reinforces the argument of social hygiene leaders who have long sought to induce employers to refrain from refusing to hire or from discharging workers having a venereal disease. Further, with New York State in the lead, there is present a potent example of what can be done, and how the situation should be met in all other states. In this respect of employment, there is much hope for the infected individual. But this should not be the signal for relaxation in community controls, in education, and promotion of early and effective treatment of all infected persons and their contacts.

SOCIAL CASE WORK AMONG VENEREALLY INFECTED FEMALES IN A QUARANTINE HOSPITAL

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While the isolation and medical treatment of venereally diseased females is the primary objective of our quarantine hospital, it is recognized that their condition involves social aspects which must receive attention in order to prevent, if possible, a repetition of their experiences and give them an opportunity toward a more satisfactory adjustment to life when they return to the community. For this reason, a social worker has been assigned to the hospital.

Patients coming under quarantine are referred to the Department of Health from a variety of sources. They have been reported by the military as contacts to infected cases, have been picked up by the police in taverns, cheap hotels, bus stations, on the streets at a late hour, etc.; sometimes are referred by private physicians as having failed to treat, and not infrequently have applied themselves to the Clinic for treatment.

Patients are interviewed as soon as possible after admission. Effort is made to assist them in their adjustment to quarantine and where necessary, concrete help is given in the immediate problems which loom large for a girl suddenly deprived of her liberty. We arrange for notification of relatives or employer, plan for care of her clothing at rooming house or hotel, her pay check, or care of her children, all of which are of overwhelming importance to the frustrated and frightened girl. Assistance given early in quarantine is a factor in persuading the patient that we wish to help her and to a degree dispels some of her hostility. Later a more complete history is taken to include information regarding age, education, employment, residence, etc., and attempt is made to learn something of her feelings about her situation from which we can determine her needs and the possibility of her acceptance of help in planning for her return to the community. The needs, resources and capacities of these patients are many and varied. In many, the pattern of behavior is so fixed and determined that efforts toward rehabilitation seem futile. However, in others, particularly the younger group, assistance or supervision, sometimes necessarily authoritative, seems imperative.

During the twelve-month period subsequent to January 1, 1944, we interviewed 861 patients. Of these, 371, or 43 per cent, were white, 460, or 53.5 per cent, colored and 30, or 3.4 per cent, Indian. They fell within the following age groups.

18 years or under.....	193
19 through 21	259
22 through 26	275
Over 26	134

 861

In the first group were included 4 of 13 years of age, 4 of 14 years, 4 of 15 years, and 26 of 16 years.

Many have been runaways from home or corrective institutions and enter under assumed names and ages. Through repeated interviews and with the help of histories secured through other social agencies, we have been able to determine their identities and have arranged for their return to their families or the court having original jurisdiction over them.

A comparatively small proportion of the patients, 183, or 21.2 per cent, were admittedly prostitutes or had been convicted as such. While 19 were 18 years of age or younger, the largest number, 81, were between the ages of 21 and 26 years. Many were repeaters. Few of this type have been responsive to any overtures of assistance in helping them reject their mode of life. Many were under authoritative supervision of the Recorder's Court. In a few cases we found that these women had children, and such cases were referred to child caring agencies for further investigation to determine the welfare of the children and the possible necessity of removing custody from such parents.

The commercial prostitute is almost without exception closely involved with a "pimp" and is most protective of him in concealing information which might lead to legal action against him. In three cases only have we been given such information, which was referred to the police for further action against the men involved.

Of the group of patients who denied commercial relationship with men, a large proportion were frankly promiscuous. There seldom appears to be any deep affectional relationship with the men with whom they have become involved. Many have contracted early marriages, casual in nature and dissolved for trivial reasons. Often the husband is in the armed services, and the girls defend their action by citing their need of biologic satisfaction. A large proportion are non-residents (in Detroit less than one year). They have come here lured by the legend of high wages in defense plants. While some have made a satisfactory work adjustment in these plants and return to their work on release from the hospital, many have come unprepared with necessary credentials, birth certificate, work release, etc., to obtain work in the factories and accept the alternative of work in taverns, cheap restaurants, laundries, etc. They find rooms in undesirable neighborhoods, their only recreation is in beer gardens, and they soon fall in with undesirable companions, work infrequently and eventually accept assistance from men with whom they make temporary living arrangements. They are quick to resent, however, any inference that they may be commercial in their sex relationships.

Because of the short period of quarantine and the inability of one social worker to assume responsibility for planning for so many patients, we have depended on the social agencies of the city to assume responsibility after referral. These agencies have recognized their responsibility and have given invaluable assistance in taking over problem cases involving need of financial assistance until the patient is able to make a satisfactory work adjustment, assistance in securing adequate employment or lodging, or intensive case work in helping the patient make her own emotional adjustment. In some cases it has been found necessary to file court complaints so that authoritative supervision can provide protection for the patient.

Probably the most tangible accomplishment we have achieved in terms of community welfare is the planning done both by the hospital social worker and other social agencies in returning out-of-state patients to their own communities. Ninety patients have this year been returned through such planning, in most of which cases the expense has been assumed by our County Bureau of Social Welfare. Some girls accept this plan reluctantly and with great disappointment at having failed to "make good" in the city. Others are relieved and happy at the prospect of returning to parents or familiar environment, realizing that the pressures encountered here are too strong to permit an adequate adjustment alone. When possible, referrals are made to social agencies in the community to which the patient is returned, but we cannot be too optimistic regarding the quality of help given in many instances because of the inability of such agencies to function in localities too distant from the agency. This is especially true in the rural south. Girls have come here to escape unhappy home conditions, and although a very small proportion of patients that have been sent home return again to the hospital, it seems probable that they may repeat their sorry experience in some other city.

Of the non-prostitute group many are unwilling or lack the capacity to accept planning toward rehabilitation. We have, however, made referrals to local social agencies in 433, or 50.2 per cent, of the discharged patients. Even though only a small proportion of these may respond to continued help, it seems worth the doing, in giving them an opportunity toward changing their pattern of life.

Unfortunately facilities are not available to make adequate psychiatric and psychometric studies of these patients which would help us in determining their ability to adjust. Many, previously studied by psychiatric clinics, are known to be of inferior intelligence. Three were illiterate, eight had been committed to state institutions as feeble-minded and three as insane. The latter were returned to the institution from which they had escaped or been paroled. We do not believe, however, that as a group these patients are of less than average intelligence, but that they are emotionally immature, unstable and conflicted.

Considered realistically, we know that the girls coming under quarantine are only a small proportion of the delinquent girls in

the community. We find in them all of the well known causes of delinquency—broken homes almost without exception, rejection by parents, conflict between the parents, lack of moral training in the home, submarginal incomes, inadequate housing or recreational opportunities—all leading to aggressive conduct on the part of the children in retaliation against parents and the community. Only as these root causes can be remedied by the community can there be hope in lessening delinquency. But on an individual basis, we hope in a small way to help some of these girls toward a more satisfactory and socially acceptable adjustment of their lives as they leave the hospital.

The Scope of the VD Problem

“The venereal diseases present extraordinarily complex problems—both from the public health and social points of view. Of all the communicable diseases they are the most difficult to control; first because their spread is associated with the most intimate of personal relationships, namely, sex behavior and second, because the early stages of these diseases often are not recognized by the patient.

But finding and treating infected persons is not enough. There must be social control as well as public health control. And social control means locating and removing the community ills which aid the spread of venereal infections and also reeducating the victims to a wholesome and useful life—just as public health control means locating and treating the sources of infection and restoring the victims to bodily health.

The people of this community are members of a citizen army that should be concerned with the broad aspects of this problem. It is your own community facilities that are meeting or failing to meet, the challenge of venereal diseases. You must learn to recognize the main roots of the problem. If substantial progress is to be made in the control of venereal diseases and these maladies kept to a low level, the cooperation and influence of two agencies heretofore untapped must be solicited. Let us consider the role of the schools.

Juvenile delinquency is a part of our venereal disease problem not only because it contributes toward the number of infections, but also because it is often the first step on the way to sexual promiscuity. Next to the home, the school has been recognized as an important agency affecting the life and personality of the child. Teachers are in a particularly strategic position to supplement the training which the child gets in his own home. When the home fails in one or more aspects, this soon becomes evident in the child's behavior. He or she may become inattentive, tardy, fail in classroom work, or show other general disturbing manifestations of conduct and personality in meeting the school's requirements.

Although the school cannot be expected to shoulder all the responsibilities for the child's development, nevertheless it is the one agency which reaches the child in the formative stages and should aid him in developing into a happy, healthy, and constructive adult in the community. No success in venereal disease control can be fully attained and maintained without the aid of the school, hence the curricula should be flexible and inclusive enough to meet needs of all children.

(Continued on page 27)

FACTORS AFFECTING THE RESPONSE TO VENEREAL DISEASE EDUCATION

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This study is based upon a questionnaire submitted to 2,968 enlisted men stationed at Lockbourne Army Air Base with a view to determining their response to venereal disease education. Although the questionnaire approach is admittedly inaccurate, certain important facts are revealed and analyzed.

It should be emphasized that the study reflects the response of a small selected group of enlisted men exposed to a type of military training, venereal disease education, and to extra-cantonment environmental influence that differs considerably from that experienced by many other Army units. The conclusions drawn from this questionnaire, therefore, apply specifically only to the group studied and not necessarily to the whole Army.

The method of conducting this study was to consult with groups of ten to twenty men at a single sitting. A genuine effort was made to avoid ambiguity, and all questions were carefully discussed without bias so that the factor of misinterpretation would be minimal. The men were separated from each other by a distance of at least six feet, and did not identify themselves on the papers either by name or by organization, in the hope that anonymity would contribute to veracity. Every effort was made to impress upon the men that they were answering strictly for their own attitudes, and not trying to express what they believed to be the consensus.

QUESTIONNAIRE

<i>Age</i>		<i>Grade</i>	
Less than 20.....	275	Pvt. and Pfc.....	1,613
20 to 23.....	1,232	Cpl. and T/5.....	653
24 to 25.....	601	Sgt. and T/4.....	385
26 to 28.....	412	S/Sgt. and T/3.....	291
29 to 30.....	174	T/Sgt.	22
31 to 35.....	186	M/Sgt.	4
Older than 35.....	88		

Married, 936. Unmarried, 561.

If married: (1) Wife living in town, 558.

(2) Wife not living in town, 378.

Attended primary grade school, 2,933 (98.8 per cent).

Graduated primary grade school, 2,805 (94.5 per cent).

Attended high school, 2,424 (81.7 per cent).

Graduated high school, 2,030 (68.4 per cent).

Attended college, 816 (27.5 per cent).

Graduated college, 210 (7.1 per cent).

Have had a venereal disease, 304 (10.4 per cent).

Have never had a venereal disease, 2,659 (89.6 per cent).

Length of service:

a. 6 months, 24 (0.8 per cent).

b. 6 months to 2 years, 2,387 (80.4 per cent).

c. More than 2 years, 557 (18.8 per cent).

Before coming into the Army: I had never received any sex hygiene education from my parents, school teacher, Y.M.C.A., or from reading, 1,237 (41.7 per cent).

Before coming into the Army:

a. I had received sex hygiene education from:

(1) Parents, 972 (56.2 per cent).

(2) School teachers, 313 (18.1 per cent).

(3) Y.M.C.A. or similar organization, 162 (9.4 per cent).

(4) Reading, 1,145 (66.2 per cent).

Before coming into the Army: My knowledge of sex hygiene was:

(1) Slight, 738 (24.9 per cent).

(2) Moderate, 1,504 (50.7 per cent).

(3) Considerable, 284 (9.6 per cent).

(4) Nil, 442 (14.8 per cent).

I read VD Posters, 2,432 (81.9 per cent). I do not read VD Posters, 536 (18.1 per cent).

VD Posters are an effective method of reminding me of the danger of VD, 1,987 (81.7 per cent).

VD Posters are not an effective method of reminding me of the dangers of VD, 445 (18.3 per cent).

VD Posters help me to remember the desirability of being continent, 1,104 (45.4 per cent).

VD Posters do not help me to remember the desirability of being continent, 1,328 (54.6 per cent).

VD Posters do not serve to remind me of the necessity for prophylaxis, 1,471 (61.1 per cent).

VD Posters do serve to remind me of the necessity for prophylaxis, 961 (38.9 per cent).

I find VD lectures:

a. Educational, 2,642 (88.9 per cent).

b. Not educational, 326 (11.1 per cent).

c. Interesting, 2,743 (92.4 per cent).

d. Uninteresting, 225 (7.6 per cent).

e. Positively boring, 118 (3.9 per cent).

As a result of VD lectures my understanding of venereal disease is:

a. Greatly improved, 1,841 (62.0 per cent).

b. Slightly improved, 1,022 (34.4 per cent).

c. Unimproved, 66 (2.2 per cent).

d. Confusing, 39 (1.4 per cent).

As a result of VD lectures:

a. I have been more continent, 1,243 (41.9 per cent).

b. I have not been convinced of the necessity for continence, 1,725 (58.1 per cent).

As a result of VD lectures:

a. I am more careful in the consistent use of prophylaxis, 2,087 (70.3 per cent).

b. I am not more careful in the consistent use of prophylaxis, 881 (29.7 per cent).

As a result of VD lectures:

a. I have a greater respect for the seriousness of venereal disease, 2,623 (88.4 per cent).

b. I do not have a greater respect for the seriousness of venereal disease, 345 (11.6 per cent).

The films and slides which are shown at VD lectures:

- a. Increase the educational value of these sessions for me, 2,921 (98.4 per cent).
- b. Give me an excellent opportunity to catch up for lost sleep, 47 (1.6 per cent).

If patients with genuine syphilitic sores and gonorrheal discharges were presented for demonstration of sex hygiene lectures:

- a. I would be disgusted rather than impressed, 687 (23.1 per cent).
- b. It would carry a maximum educational punch, 2,266 (76.4 per cent).
- c. Its educational value would be quickly forgotten, 15 (0.5 per cent).

If more pamphlets were made available explaining the nature of venereal disease:

- a. I would read them carefully and save them for future reference, 772 (26.1 per cent).
- b. I would read them carefully and then throw them away, 1,954 (65.8 per cent).
- c. I would quickly glance through them and then save them for future reference, 41 (1.4 per cent).
- d. I would quickly glance through them and throw them away, 156 (5.3 per cent).
- e. I would throw them away without bothering to look at them, 43 (1.4 per cent).
- f. I would save them for further reference without bothering to read them, 2 (less than 0.1 per cent).

If my squadron commander should speak to our group about venereal disease for about five minutes every week:

- a. It would help to keep fresh in my mind the seriousness of the methods of prevention of venereal disease, 1,954 (65.8 per cent).
- b. I would be bored stiff, 1,014 (34.2 per cent).

I think that *too much* emphasis in VD education is placed upon:

- a. Continence, 840 (28.3 per cent).
- b. Prophylaxis, 627 (21.1 per cent).
- c. The nature of venereal disease, 183 (6.2 per cent).
- d. Trying to scare hell out of the man, 243 (8.2 per cent).

I think *too little* emphasis in VD education is placed upon:

- a. Continence, 757 (25.5 per cent).
- b. Prophylaxis, 124 (4.2 per cent).
- c. The nature of venereal disease, 123 (4.2 per cent).
- d. Trying to scare hell out of the man, 661 (22.2 per cent).

I think that VD education lectures are:

- a. Too complicated, 187 (6.3 per cent).
- b. Easily understood, 2,781 (93.7 per cent).

Insofar as I am personally concerned, the VD educational program is:

- a. A desirable thing, 2,842 (96.0 per cent).
- b. A waste of time, 126 (4.0 per cent).

In the past it has been customary for some type of punitive measure to be used against soldiers who acquire a venereal disease. Some of these forms of punishment included forfeiture of pay, "bust" in grade, company punishment, and even court-martial. The present policy of the War Department has been to adopt a more liberal attitude so that no soldier, who properly reports the existence of a venereal disease, can receive any kind of punishment—there are no strings attached.

Question No. 1—Insofar as you are personally concerned, does this liberal attitude contribute to less worry and concern about acquiring a venereal disease? Yes, 756 (25.6 per cent). No, 2,212 (74.4 per cent).

Question No. 2—Insofar as you are personally concerned, does the reputation of the almost magic-like qualities of the sulfa drugs and penicillin in the treatment of venereal disease contribute to less worry and concern about acquiring a venereal disease? Yes, 2,066 (69.6 per cent). No, 902 (30.4 per cent).

Question No. 3—Do you believe that the present policy is:

- a. Just right, 2,127 (71.7 per cent).
- b. Too liberal, 841 (28.3 per cent).
 - (1) There should be a pay loss, 341 (41.1 per cent).
 - (2) Company punishment should be given, 327 (38.9 per cent).
 - (3) There should be a period of restriction beyond that of the medical observation, 781 (92.9 per cent).
 - (4) The infected soldier's name should be made public on the company bulletin board, 56 (6.7 per cent).

INTERPRETATION OF QUESTIONNAIRE

It is fully realized that numerous factors make the interpretation and evaluation of this investigation difficult, as well as subject to the usual criticisms of any type of popular poll. The following conclusions are, however, suggested:

1. The majority of the group studied is less than 26 years old, has received a high school education, and has not been graduated into the ranks of a non-commissioned officer. About one-third of these men are married and more than half of this group are living with their wives nearby. Almost all of the men have had enough military service to be oriented to G. I. routine.

2. Not more than 40 per cent, at the time of entry into the service, had ever received any sex hygiene education under parents, school teachers, YMCA, or reading. The other 60 per cent were formerly dependent for their source of sex hygiene education upon the older boys in the neighborhood, poolrooms, snatches of gossip in school latrines, etc.

3. Our school systems and adolescence guidance groups still pay little attention to sex hygiene, as indicated by the small number of individuals in this study who have obtained even a minimum of such education from these sources. For example, although 68 per cent of this group were graduated from high school, only 18 per cent had ever heard anything about reproduction or the existence of venereal diseases from their school teachers.

4. It is apparent that most enlisted men read VD posters, either because of the actual context or the artistic appeal.

5. VD lectures apparently fulfill their mission to an appreciable degree. Nevertheless, it is obvious that there is room for increased emphasis upon continence and prophylaxis.

6. Literature in the form of pamphlets probably serves its purpose, but there is probably a need for a cleverer variety. The magnificent response to the recent distribution of the pamphlet entitled, *You Don't Think*, was gratifying. More than two hundred individuals asked for extra copies to send to friends in other branches of the service.

7. The fact that one-third of the enlisted personnel take a defensive stand against periodic "heart-to-heart" talks with their unit commanders, is probably the fault of the latter. Many of the officers are perhaps not sufficiently eloquent, and, because of their limited knowledge of the subject, find it necessary to be repetitious to a fault.

8. One-fourth of the men felt that the liberal policy of the War Department toward men who acquire venereal disease has contributed to less individual concern about acquiring such an infection. Seventy per cent attributed less concern to improved therapeutic procedures. A reasonably good-sized minority (28 per cent) felt that the War Department's policy with respect to disciplinary measures is too liberal.

EXAMINATION

(*Enlisted Men*)

1. Syphilis and gonorrhea are the same disease.
Yes, 120. No, 2,848. Don't know, 0.
2. Syphilis can become gonorrhea.
Yes, 141. No, 2,813. Don't know, 14.
3. Gonorrhea can become syphilis.
Yes, 133. No, 2,806. Don't know, 29.
4. Gonorrhea appears as:
 - a. Sore on penis, 16.
 - b. Fever and chills, 3.
 - c. Pus running from urinary channel, 2,942.
 - d. Rash, 1.
 - e. Don't know, 6.
5. Syphilis appears as:
 - a. Sore on penis, 2,951.
 - b. Fever and chills, 4.
 - c. Pus running from urinary channel, 11.
 - d. Don't know, 2.
6. Syphilis can be cured.
Yes, 2,934. No, 10. Don't know, 24.
7. Gonorrhea can be cured.
Yes, 2,951. No, 12. Don't know, 8.
8. Gonorrhea and syphilis can be prevented by taking a prophylaxis after exposure:

Within—

 - a. 1 hour, 2,641.
 - b. 5 hours, 214.
 - c. 8 hours, 72.
 - d. 12 hours, 10.
 - e. 24 hours, 2.
 - f. Don't know, 29.
9. Cpl. X has a negative blood test. This means that he does *not* have gonorrhea.
Yes, 907. No, 2,018. Don't know, 43.
10. It is possible to tell if a woman has a venereal disease by watching her walk.
Yes, 10. No, 2,947. Don't know, 11.

11. It is possible to tell if a woman has a venereal disease by looking at her female parts.
Yes, 14. No, 2,952. Don't know, 2.
12. The sulfa drugs will prevent syphilis.
Yes, 148. No, 2,809. Don't know, 11.
13. The sulfa drugs will cure syphilis.
Yes, 12. No, 2,949. Don't know, 7.
14. Only poor and uneducated people have venereal disease.
Yes, 0. No, 2,962. Don't know, 6.
15. Venereal disease is:
 - a. Rare, 1.
 - b. Fairly common, 872.
 - c. Very common, 2,091.
 - d. Don't know, 4.

INTERPRETATION OF EXAMINATION

1. The examinations reveal that most of the examinees have a fairly good working knowledge of venereal disease.
2. It is a source of irritation to discover that the confusion still survives that syphilis and gonorrhea are one and the same disease.
3. The interpretation of the term "blood test" is apparently still hazy in the minds of many.
4. The diagnostic acumen of the man who has been around and who can judge whether a woman is infected with a venereal disease by her external appearances, is hardly evidenced in this group.
5. Recognition that there is high prevalence of venereal infections is very gratifying.

(Continued from page 21)

The Scope of the VD Problem

Secondly, the role of the church as a guardian of family life is an undisputed fact. Because the community naturally turns to the church for spiritual guidance and leadership in the highest ideals in everyday life, its great opportunity lies today, as always, in its long-range program of instruction and guidance from childhood up. Many churches nowadays supplement the training received in home and school by including appropriate subject matter in church-school classes or young people's groups on preparation for marriage, parenthood and a successful family life. Along with the young people's discussions go similar programs for parents, so that they may be better fitted to guide their children. Many churches provide through their pastors or specially trained workers, personal counsel on premarital and marital problems. All of these endeavors help to build the strength of character so essential in dealing successfully with situations and conditions which might otherwise result in sexual casualness—and its physical casualties."

From *The Virgin Islands Health Bulletin*

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

National Agencies Meet with ASHA.—Postwar social hygiene problems and ways and means of cooperation have recently been discussed by national voluntary and federal agencies and the American Social Hygiene Association in a series of meetings. Luncheons in Chicago and Washington in October, and in a New York meeting in December in connection with the Conference of Social Hygiene Executives have given opportunity for most of the national agencies listed in this number of the JOURNAL (see pages 38-46) to come together for this purpose.

At each of these meetings, Dr. Walter Clarke, ASHA Executive Director, presented a talk on *Postwar Social Hygiene Problems and Strategy*. Dr. Bertha Shafer, Executive Director of the Illinois Social Hygiene League, presided at the Chicago meeting on October 22 in the Palmer House, and Mrs. William A. Hastings, President of the National Congress of Parents and Teachers, responded for the other national agencies represented. In Washington on October 30 at the Hotel Statler, Ray H. Everett, Executive Secretary, Social Hygiene Society of the District of Columbia, presided, and Judge Fay L. Bentley of the District Juvenile Court spoke on the cooperative program as seen in action in the District of Columbia. George J. Nelbach, Executive Secretary, New York State Committee on Tuberculosis and Public Health, presided at the New York meeting on December 17 at the Pennsylvania Hotel; and Dr. Kendall Emerson, Managing Director, National Tuberculosis Association, supplemented Dr. Clarke's remarks with a talk on *Inter-agency Cooperation in Health and Welfare Programs*. (See page 29.)

These meetings have served again, as in the past, to renew acquaintance and make possible closer cooperation with other agencies having vital interests in social hygiene.

Social Hygiene Executives Meet.—The 1945 Conference of social hygiene executives, called at the Pennsylvania Hotel in New York, December 17 and 18 by the American Social Hygiene Association, brought together representatives of nearly 60 social hygiene societies, as well as from other interested agencies both official and voluntary. The two-day program, which featured lively discussion from the floor, included the following topics and speakers:

Monday, December 17th, 1945

Morning Session—9:30 A.M.

Presiding: PERCY S. PELOUZE, M.D., Consultant to the U. S. Public Health Service and Member of the Board of Directors, ASHA.

Speakers: *Report on Study of Voluntary Health Agencies—Findings—Recommendations*, DR. PHILIP S. PLATT, Executive Director, New York Association for the Blind, and co-author of *Voluntary Health Agencies—An Interpretive Study*; *The National Social Welfare Assembly*, ROBERT BONDY, Administrator, Service to the Armed Forces, American National Red Cross, and Chairman of the National Social Work Council; *A Suggestion for Strengthening Regional Organization for Voluntary Social Hygiene Activities*, ROBERT H. BISHOP, JR., M.D., Director, University Hospitals of Cleveland, and Member of the Board, ASHA.

Discussion leader: ROBERT W. OSBORN, Assistant Executive Secretary, State Committee on Tuberculosis and Public Health, New York State Charities Aid Association.

Luncheon Session—12:30 P.M.

Presiding: GEORGE J. NELBACH, Executive Secretary, State Committee on Tuberculosis and Public Health, New York State Charities Aid Association.

Speakers: *Postwar Social Hygiene Problems and Strategy*, WALTER CLARKE, M.D., Executive Director, ASHA; *Inter-agency Cooperation in Health and Welfare Programs*, KENDALL EMERSON, M.D., Managing Director, National Tuberculosis Association and Member of Board of ASHA.

Afternoon Session—3:15 P.M.

Subject: *What's New at the National Office?*

Presiding: MRS. S. W. MILLER, Executive Secretary, Massachusetts Society for Social Hygiene.

Speakers: *Current Status and Future Prospects on the Law Enforcement Sector*, BASCOM JOHNSON, Director, Division of Legal and Protective Service, ASHA; *"The Team Plan"*—*A cooperative venture in the field of community organization*, MRS. ESTHER E. SWEENEY, Field Representative, ASHA; *"In the Name of Youth"*—*Service to young people as the impelling factor in the organization of new social hygiene societies*, MRS. JOSEPHINE ABBOTT SEVER, Field Representative, ASHA; *Health Education in Industry*, PERCY SIENSTAC, Consultant on Industrial Cooperation, ASHA; *Social Hygiene Day 1946*, ELEANOR SHENEHON, Director, Division of Community Service, ASHA; *Tools for the Task of Building Effective Social Hygiene Programs*, KENNETH R. MILLER, Director, Division of Public Information Service, ASHA.

Tuesday, December 18th, 1945

Morning Session—9:30 A.M.

Subject: *What's New in the States and Communities?*

Presiding: F. G. SCHERER, Director, Social Hygiene Education, Oregon Tuberculosis Association.

Speakers: *Social Hygiene Gets Down to the Grass Roots*, HARRIET S. CORY, M.D., Executive Director, Missouri Social Hygiene Association; *Cincinnati Works for Its Young People*, ROY E. DICKERSON, Executive Secretary, Cincinnati Social Hygiene Society; *The Capital City Organizes to Meet Its Postwar Problems*, MRS. GRACE R. LANDO, Educational Assistant, Social Hygiene Society of the District of Columbia; *One Community Tackles Its Social Hygiene Problems—The story of the Danville-Pittsylvania Social Hygiene Society and its accomplishments*, MAXINE BEESTON, Secretary, Danville-Pittsylvania Social Hygiene Society, Virginia; *Trying to Be Useful*, LAWRENCE ARNSTEIN, Executive Director, California Social Hygiene Association; *The Use of Volunteers in a Social Hygiene Program*, MRS. JOSEPHINE M. BROWN, Chairman, "Area Project," Missouri Social Hygiene Association.

Luncheon Session—12:30 P.M.

Subject: *The Federal Agencies and the Social Hygiene Program.*

Presiding: WILLIAM F. SNOW, M.D., Chairman of Executive Committee, ASHA.

Speakers: MEDICAL DIRECTOR JOHN R. HELLER, JR., Chief, Venereal Disease Division, United States Public Health Service; LT. COLONEL THOMAS H. STERNBERG, MC, Director, Venereal Disease Control Division, Office of the Surgeon General, U. S. Army; COMMANDER JOHN W. FERREE, Officer in Charge, Venereal Disease Control Section, Division of Preventive Medicine, Bureau of Medicine and Surgery, U. S. Navy Department; THOMAS DEVINE, Director, Social Protection Division, Federal Security Agency.

Afternoon Session—3:15 P.M.

Presiding: DR. JACOB A. GOLDBERG, Secretary, Social Hygiene Committee, New York Tuberculosis and Health Association.

Speakers: *Humor as a Vehicle for Venereal Disease Propaganda*, JAMES H. LADE, M.D., Director, Division of Syphilis Control, New York State Department of Health; *Teacher Training as a First Essential to the Building of Sound School Programs of Education for Human Relations*, MABEL G. LESHER, M.D., Educational Consultant, ASHA; *Family Relations Problems of the War Generation*, LIEUT. (S.G.) HOWARD W. ENNES, USNR, Venereal Disease Control Section, Division of Preventive Medicine, Bureau of Medicine and Surgery, U. S. Navy Department; *A Short Look Back and a Long Look Ahead*, DR. SNOW.

Social hygiene groups represented in the following list range from Massachusetts to California, from South Carolina to Oregon.

California Social Hygiene Association: Lawrence Arnstein, Executive Director.

Connecticut Tuberculosis Association: Roslyn Rosen, Health Education Assistant, and Miriam R. Hahn, Secretary, Committee on Social Hygiene Information.

District of Columbia Social Hygiene Society: Mrs. Grace Lando, Educational Assistant.

Georgia Social Hygiene Council: Mrs. Charles D. Center, Executive Secretary.

Illinois Social Hygiene League: Bertha F. Shafer, M.D., Executive Director.

Indiana: Indianapolis Social Hygiene Association: Mrs. Meredith Nicholson, Jr., Director.

Massachusetts Society for Social Hygiene: Mrs. S. W. Miller, Executive Secretary, Frances R. Hecht, Assistant Executive Secretary, and Madeleine McChesney, Executive Secretary, Western Branch.

Missouri Social Hygiene Association: Harriet S. Cory, M.D., Executive Director, and Mrs. Josephine M. Brown, Chairman of Area Project.

New Hampshire Social Hygiene Association: H. W. N. Bennett, M.D., Honorary President, Judge Alfred J. Chrétien, President, and Mrs. Glenn L. Wheeler, Executive Secretary.

New Jersey: Glenn I. Usher, M.D., Chief, Bureau of Venereal Disease Control, State Department of Health.

Dr. Charles F. Marden, Brunswick, .

New Jersey Tuberculosis League: Ernest D. Easton, Executive Secretary, Edna Young Bond, Health Education Director, Clarissa Boyd, Marjorie Josselyn, Mrs. George De Saix, Mrs. Roberta Van Duzen, Evelyn Walker, Douglas McNeil.

Middlesex County Tuberculosis and Health League, New Brunswick: Mrs. Jane P. Schirber, Executive Secretary.

New York:

New York Association for the Blind: Dr. Philip S. Platt, Executive Director.

State Committee on Tuberculosis and Public Health, State Charities Aid Association: George J. Nelbach, Executive Secretary; Robert W. Osborn, Assistant Executive Secretary; Mrs. Marie W. Anderson, Seal Sale Director; Field Advisors Louise G. Campbell, Mrs. Helen D. Cooley, Mrs. Mildred S. Crittenden, Frances L. Kraft, Helen Vassardakis, Helen E. Watkins.

Broome County Tuberculosis and Health Association: Dorothy Deniston.

Buffalo and Erie County Tuberculosis Association: Janet A. Scott, Executive Secretary.

Cattaraugus County Tuberculosis and Public Health Association, Salamanca: Amy Rogers, Executive Secretary.

Delaware County Tuberculosis and Public Health Association, Walton: Mrs. Robert B. Watson, Executive Secretary.

Dutchess County Health Association, Poughkeepsie: Mrs. Cynthia P. Sweet, Executive Secretary; Mrs. Marion D. Coday, Health Education Secretary.

Fulton County Tuberculosis and Public Health Association, Johnstown: Mrs. Iva W. Holmes, Executive Secretary.

Greene County Tuberculosis and Public Health Association, Catskill: Mrs. Frederick C. Fiero, Executive Secretary; Mrs. William E. Thorpe, Jr., Chairman, Social Hygiene Committee; Mrs. Durwin Culver.

Livingston County Tuberculosis and Public Health Association, Genesee: Helen P. Dreher, Acting Executive Secretary.

Madison County Tuberculosis and Public Health Association, Oneida: Rev. Samuel F. Burhans, President; Mary E. Darby, Executive Secretary.

Nassau County Tuberculosis and Public Health Association, Mineola: Edgar G. Smeltzer, Field Secretary.

Newburgh Public Health and Tuberculosis Association: Margo Mason, Executive Secretary; Elaine Ferguson, Assistant Executive Secretary.

Niagara Falls: Tuberculosis and Health Association of Niagara County: Dr. Carl O. Lathrop, Executive Secretary.

Onondaga Health Association, Syracuse: Doris Hinman, Health Educator; Anna B. Towse, Health Education Assistant.

Ontario County Committee on Tuberculosis and Public Health, Geneva: Ellen E. Allsopp, Executive Secretary.

Orange County Health Association, Middletown: Grace D. Cole, Executive Secretary; Thelma McCann, Assistant Executive Secretary.

Orleans County Committee on Tuberculosis and Public Health, Albion: Margaret De La Vergne, Acting Executive Secretary.

Oswego County Health Association, Oswego: Dr. Harvey S. Albertson, Board member.

Otsego County Tuberculosis and Public Health Association, Oneonta: Mrs. William Bruce, Board member.

Rochester: Tuberculosis and Health Association of Rochester and Monroe County: Marie Goulett, Executive Secretary; Mrs. Frank Lovejoy; Mrs. Irving Walker, Chairman, Social Hygiene Committee.

Rockland County Tuberculosis and Health Committee, New York: Mrs. Robert Jessup, Board member.

St. Lawrence County Tuberculosis and Public Health Association, Ogdensburg: Mrs. Elizabeth Atwood Ward, Executive Secretary.

Saratoga County Tuberculosis and Public Health Association, Saratoga Springs: Mrs. Henry T. Moore, Mrs. William Moore, and Kathryn Starbuck, Board members.

Schenectady County Committee on Tuberculosis and Public Health, Schenectady: Mrs. David Chandler Prince, Chairman, Social Protection Committee; Iva J. Thompson, Executive Secretary.

Suffolk County Tuberculosis and Public Health Association, Riverhead: Alice A. Grant, Health Education Secretary.

Sullivan County Health Association, Monticello: Rev. William A. Crawford, Board member.

Tioga County Tuberculosis and Public Health Association, Owego: Mrs. Lois S. Goodwin, Executive Secretary.

Tompkins County Tuberculosis and Public Health Association, Ithaca: Harry Gordon, Board member.

Ulster County Tuberculosis and Health Association, Kingston: Mrs. Marion Sahler, Assistant Executive Secretary.

Westchester Tuberculosis and Public Health Association, Larchmont: Margaret C. Joyce, Field Secretary.

Yonkers Tuberculosis and Health Association: Eleanor T. Doyle, Administrative Assistant; Marie F. Kirwan, Executive Secretary.

Wayne County Tuberculosis and Public Health Association, Newark: Caroline J. Lum, Executive Secretary.

Wyoming County Committee on Tuberculosis and Public Health, Warsaw: Mrs. Charles B. Smallwood, Executive Secretary; Mrs. Dorothy Adwards.

New York City:

New York Tuberculosis and Health Association: Dr. Jacob A. Goldberg, Secretary, Social Hygiene Committee.

Harlem Council on Social Hygiene: Robert F. Gordon, Executive Secretary.

Jewish Center, Jewish Welfare Board: Miriam Ephraim, Associate Program Director.

Ohio:

Cleveland Family Health Association: Mrs. Elva Horner Evans, Health Education Instructor.

Cleveland Health Council: Joint Social Hygiene Committee; Dr. Robert N. Hoyt, Secretary.

Dayton Social Hygiene Association: Mrs. Florence J. Sands, Executive Secretary.

Oklahoma County Health Association, Oklahoma City: Eileen Harrison Wilson, Director, Social Hygiene Service.

Oregon Tuberculosis Association, Portland: F. G. Scherer, Director, Social Hygiene Education.

Pennsylvania:

Luzerne County Social Hygiene Society, Wilkes-Barre: Nellie G. Loftus, Executive Secretary.

Philadelphia Department of Health: Mrs. Alberta Morris, Education Director.

Philadelphia Tuberculosis and Health Association: Charles Kurtzhalz, Director.

Rhode Island Social Hygiene Association, Providence: Caroline F. Gardner, Executive Secretary; Mary Basso, Secretary; Alice W. Hunt, Board member.

South Carolina:

Richland County Social Hygiene Society, Columbia: Mrs. Jules C. Bank, Secretary.

Columbia: Major C. L. Gyton.

Utah Social Hygiene Association, Salt Lake City: Winifred Dyer, Vice President.

Virginia:

Danville-Pittsylvania Social Hygiene Society, Danville: Maxine Beeston, Secretary.

Wisconsin State Board of Health: Aimee Zillmer, Social Hygiene Lecturer.

American Medical Association Reaffirms Social Hygiene Views of Medical Profession.—At the annual session of the House of Delegates of the American Medical Association, held in Chicago, December 3-5, 1945, the Reference Committee on Hygiene and Public Health presented the following statement, in line with previous AMA pronouncements regarding social hygiene principles.

Tuesday, December 4, 1945

REPORT OF REFERENCE COMMITTEE ON HYGIENE AND
PUBLIC HEALTH

Dr. Felix J. Underwood, Chairman, presented the following report, which on motion of Dr. Underwood, duly seconded and carried, was adopted section by section and as a whole:

1. PRESENT VIEWS OF PROFESSION ON SOCIAL HYGIENE

Your committee has considered the letter of Dr. Ray Lyman Wilbur to Dr. Olin West, under date of November 28, 1945, relative to previous resolutions as to social hygiene

(a) as adopted in 1917:

“1. That sexual continence is compatible with health and is the best prevention of venereal infections;

“2. That steps be taken toward the eradication of venereal infections through the repression of prostitution, and by the provision of suitable recreational facilities, the control of alcoholic drinks and other effective measures;

“3. That plans be adopted for centralized control of venereal infections through special divisions of the proper public health and medical services;

“4. That the hospitals and dispensaries be encouraged to increase their facilities for early treatment and follow-up service for venereal diseases as a measure of national efficiency;

"5. That the members of the medical profession be urged to make every effort to promote public opinion in support of measures instituted in accordance with these principles of action in the control of venereal diseases."

(b) as adopted in 1942:

"*First*, that the control of venereal disease requires elimination of commercialized prostitution;

"*Second*, that medical inspection of prostitutes is untrustworthy, inefficient, gives a false sense of security and fails to prevent the spread of infection;

"*Third*, that commercialized prostitution is unlawful, and physicians who knowingly examine prostitutes for the purpose of providing them with medical certificates to be used in soliciting are participating in an illegal activity and are violating the principles of accepted professional ethics."

Your reference committee is in accord with the declaration of the House of Delegates of the American Medical Association at the annual session in 1917 and again in 1942 and recommends the reaffirmation of these principles and that the public health authorities and the medical profession of the country be entrusted with the responsibility of carrying them out.

Respectfully submitted,

FELIX J. UNDERWOOD, *Chairman*

WARREN F. DRAPER
D. F. CAMERON

WALTER E. VEST
CREIGHTON BARKER

At this meeting occurred the election of Dr. Roger I. Lee of Boston as president, to succeed Dr. Herman I. Kretschmer, and that of Major General George F. Lull, Deputy Surgeon General, U. S. Army, as assistant secretary and assistant general manager. Dr. Olin West, secretary and general manager since 1924, expects to retire next July, when it is planned that General Lull will succeed him. General Lull, who recently received the Distinguished Service Medal for outstanding service as Chief of the SGO Personnel Service, is retiring from the Army after 33 years of service with the Medical Corps which began following his graduation as an honor student in the 1913 class of the Army Medical School. General and Mrs. Lull are moving from Washington to Chicago early in 1946.

General Federation of Women's Clubs Continues Support of Social Hygiene.—At a meeting of its Board of Directors in Washington, D. C., November 28–December 1, 1945, the Federation, a pioneer collaborator in the nation-wide social hygiene program, adopted the following resolution, presented by Mrs. Marjorie B. Illig, Chairman, Public Health Committee, in expression of the need for utilization of all available resources during the postwar years:

SOCIAL PROTECTION DIVISION

WHEREAS, there is evidence that the gains made against prostitution and allied conditions during the war are definitely threatened with loss, and

WHEREAS, this loss would undermine the strength and soundness of marriage and family life, and

WHEREAS, character education by home, church and school must be supported by community action in enforcing laws regarding prostitution, and

WHEREAS, the Social Protection Division of the Federal Security Agency has cooperated successfully with communities in developing policies and programs in this field; therefore, be it

RESOLVED, that the Board of Directors of the General Federation of Women's Clubs urge the continuance of the Social Protection Division of the Federal Security Agency with the necessary status to permit it to work effectively, and be it further

RESOLVED, that the Board express its conviction that Congress should devise means whereby the principles stated in the May Act be continued through laws designed to furnish similar protection in times of peace.

Previous Federation resolutions concerning prevention and control of venereal diseases, prevention of juvenile delinquency, and the need for development of the continuing long-range social hygiene educational program, remain on record.

For a report on the Youth Conservation Conference held by the Federation on November 30, see *Youth Notes*, page

National Congress of Parents and Teachers Urges State and Community PTAs to Continue Active Social Hygiene Participation.—Mrs. Bess N. Rosa, National Chairman, NCPT Committee on Social Hygiene, reports the following resolutions adopted at a meeting of the National Board of Managers in Kansas City, Missouri, December 5-6, 1945:

I. A RESOLUTION CONCERNING A BROAD SOCIAL HYGIENE PROGRAM

WHEREAS, The vitality of the nation and the welfare of the community are largely dependent on the strength and soundness of marriage and family life, and

WHEREAS, Both these institutions are threatened by sexual promiscuity, which has greatly increased during these war years of social dislocation, and

WHEREAS, Medical authorities have declared that it is conduct and not medication which lies at the core of the venereal disease problem, and

WHEREAS, Sound character training in childhood and youth is the major influence in the promotion of high moral standards of sex conduct; therefore be it

RESOLVED, That the National Congress of Parents and Teachers urge its membership to take an active part in all community efforts designed to raise the standards of community life; to reinforce ethical sex conduct; and to provide suitable training, guidance, and protection for youth.

II. A RESOLUTION ON A SOCIAL PROTECTION AGENCY

WHEREAS, United efforts of national, state, and local agencies, both official and voluntary, will be necessary to hold and improve the gains made in wartime against prostitution and allied conditions; therefore be it

RESOLVED, That the National Congress of Parents and Teachers stress the need for continued Federal service and support to states and local groups so as to develop policies and programs for combating prostitution and allied conditions—support similar to that given by the Social Protection Division, which is at present a temporary Federal wartime agency; furthermore be it

RESOLVED, That such a Federal agency should have the necessary status, funds, and personnel to permit it to work effectively with state and local groups.

III. A RESOLUTION ON THE MAY ACT

WHEREAS, The Federal law known as the May Act will expire May 15, 1946, unless continued by Congressional action and presidential approval, and

WHEREAS, This law has been of value in protecting the health and morals of the armed forces, and

WHEREAS, The ten million young men and women who had this protection as members of the armed forces are entitled to similar protection as civilians, and

WHEREAS, Future provision for national defense and welfare may call large numbers of young people into military service at a most impressionable age, and

WHEREAS, The commercialized prostitution interests are a powerful group that they expect to resume their activities as soon as the Federal law expires; therefore be it

RESOLVED, That the National Congress of Parents and Teachers urge that the U. S. Congress consider the extension of the principles of the May Act to assure peacetime protection against prostitution.

In a letter to State Social Hygiene Chairmen, Mrs. Rosa says:

"Please bring these resolutions to the attention of your co-workers and urge active support by your local groups."

The Congress thus reaffirms for years to come the splendid support given by its million and a half members throughout the country for many years past.

International Association of Chiefs of Police Recommends Continuation of May Act Principles.—At its 52nd Annual Conference, held in Miami Beach, Florida, December 10-14, 1945, IACP transactions included adoption of a number of resolutions important to peacetime law enforcement and progress in social hygiene. Among these was:

RESOLUTION REGARDING CONTINUATION OF MAY ACT PRINCIPLES

WHEREAS, The Federal law commonly known as the "May Act," "to prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health and welfare of the Army and/or Navy" by statutory limitations will expire May 15, 1946, unless continued through Congressional action and Presidential approval, and

WHEREAS, Studies made by the American Social Hygiene Association show this law to be of value in the program of protecting the health and morals of the armed forces and of civilians, where the statute has been invoked, and

WHEREAS, The ten million young men and women who have benefited from the protection furnished by this law, as members of the armed forces, are returning to civilian life, where they are entitled to similar protection, and

WHEREAS, Proposed provisions for national defense and welfare may indicate that in future years large numbers of our young citizens will be away from home influences for considerable periods of time on federal projects when they are at a most impressionable age, and

WHEREAS, the commercialized prostitution interests which this law has helped to drive out during the war years are boasting that they expect to start up again as soon as federal government authority for law enforcement participation is withdrawn, and

WHEREAS, The law in itself is evidence of the policy of the Federal Government in regard to repression of prostitution, and has been shown by the Association's studies to have a restraining effect upon exploiters and facilitators of prostitution,

THEREFORE, be it resolved that the members of the International Association of Chiefs of Police are of the conviction that the Congress should give consideration to continuation of the principles stated in the May Act through some type of Federal law designed to furnish similar protection in this way in peacetime, and that a copy of this resolution be forwarded to the Hon. Tom C. Clark, the Attorney General of the United States, for his consideration and such action as he deems necessary.

The Conference's four-day program included addresses by Attorney General Clark, FBI Director J. Edgar Hoover and U. S. Secret Service Chief Frank J. Wilson, relating especially to plans for prevention of juvenile delinquency.

Officers for 1946 were elected as follows:

President, Fred A. Roff, Morristown, New Jersey; President Emeritus, William P. Rutledge, Detroit, Michigan; Honorary President, James M. Broughton, Portsmouth, Virginia; Vice-presidents, T. P. Sullivan, Springfield, Illinois; Charles W. Dullea, San Francisco, California; John F. Woods, Norfolk, Virginia; Homer Garrison, Jr., Austin, Texas; John M. Gleason, Greenwich, Connecticut; Walter F. Anderson, Charlotte, N. C.; Secretary, John F. Murray, Perth Amboy, New Jersey; Treasurer, John L. Sullivan, Pittsfield, Massachusetts; Sergeant-at-Arms, Henry Asset, New Orleans, Louisiana. Edward J. Kelly, Providence, Rhode Island, continues as Executive Secretary and Editor of the Police Chiefs' Newsletter, with Paul M. Fulcomer as Assistant. Headquarters of the organization are at 918 F. Street, N.W., Washington, D. C.

Mexico City has been chosen as the site for the 1946 Annual Conference.

Current Events and Dates Ahead

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| February 17-24 | Brotherhood Week. Thirteenth Annual Observance, sponsored by the National Conference of Christians and Jews. Theme: <i>In Peace as in War—Teamwork!</i> |
| April 8-13
Hotel Sherman
Chicago | Joint Conference of Industrial Hygienists. Five professional societies will participate: American Association of Industrial Physicians and Surgeons; American Industrial Hygiene Association; National Conference of Governmental Industrial Hygienists; American Association of Industrial Nurses, and American Association of Industrial Dentists. |
| April 9-13
Hotel Jefferson
St. Louis | Annual Meeting, American Association for Health, Physical Education and Recreation. |
| May 19-25
Buffalo | National Conference of Social Work. 73rd Annual Meeting. |

NATIONAL VOLUNTARY AGENCIES

A partial list classified by fields of work

Many of the agencies listed here are cooperating in the social hygiene program by continuous year-round activities of special departments or committees, carried out by their state and local branches. Others are cooperating on special occasions such as Social Hygiene Day; still others are cooperating through other special projects, by publication of social hygiene information, or in similar ways.

For convenience in reference, a grouping is made here according to the main interests of the organizations but it will be recognized that many agencies are active in several fields of social hygiene effort.

Adult Education	Industry and Business
Child Health and Welfare	Law Enforcement and Legislation
Church Groups	Libraries
Clubs and Fraternal Societies	Medical and Public Health
(see also Women's Groups and Youth Groups)	Pharmaceutical
College and University Groups	Public Information
Community Organization	Public Welfare
Crime Prevention	Recreation
Education (see also College and University Groups)	Rural Groups
Family Life	Social Work
Government—State and City	Women's Groups (see also Rural Groups and other headings)
	Youth and Youth Serving Groups.

ADULT EDUCATION

American Association for Adult Education: Institute for Adult Education. 525 W. 120th Street, New York 27, N. Y. Morse A. Cartwright, Executive Officer.

National Council of Parent Education. 221 West 57th Street, New York 19. Mrs. Sidonie M. Gruenberg, Chairman.

CHILD HEALTH AND WELFARE

American Committee on Maternal Welfare. 650 Rush Street, Chicago 11, Illinois. Fred L. Adair, M.D., Chairman.

American Legion, National Child Welfare Division. 777 North Meridian Street, Indianapolis 6, Indiana. Emma C. Puschner, Director.

American Legion Auxiliary National Child Welfare Committee. Mrs. Lee Hulton, Chairman, Excelsior, Minnesota.

Association for Childhood Education. 1201 Sixteenth Street, N. W., Washington 6, D. C. Mary E. Leeper, Executive Secretary.

Child Study Association of America. 221 West 57th Street, New York 19, N. Y. Mrs. Sidonie M. Gruenberg, Director.

Child Welfare League of America. 130 East 22nd Street, New York 10. Howard W. Hopkirk, Executive Director.

Maternity Center Association. 654 Madison Avenue, New York 21. Hazel Corbin, Director.

National Committee on Maternal Health. 2 East 103rd Street, New York 29. E. T. Engle, M.D., Research Secretary.

CHURCH GROUPS

- American Missionary Association.** 287 Fourth Avenue, New York 10. Fred L. Brownlee, General Secretary.
- American Unitarian Association.** 25 Beacon Street, Boston, Mass. Ernest W. Kuebler, Director; Elizabeth H. Frederick, Department of Adult Education and Social Relations.
- Baptist Convention, Northern, Council on Christian Social Progress.** 152 Madison Avenue, New York 16. Donald B. Cloward, Executive Secretary.
- Catholic Daughters of America.** 10 West 71st Street, New York 23, N. Y. Katharina M. Rosney, National Secretary.
- *Central Conference of American Rabbis.** Chairman, Committee on Marriage, The Family and the Home, Rabbi Stanley Brav, 1209 Cherry Street, Vicksburg, Miss.
- Church Conference of Social Work.** 297 Fourth Avenue, New York 10, N. Y. L. Foster Wood, Ph.D., Secretary.
- Church Mission of Help, National Council.** 281 Fourth Avenue, New York 10, N. Y. Edith L. Balmford, Executive Secretary.
- Council for Social Action, Congregational Christian Churches.** 289 Fourth Avenue, New York 10. Ray Gibbons, Executive Director.
- Federal Council of the Churches of Christ in America.** 297 Fourth Avenue, New York 10. Samuel McCrea Cavert, D.D., General Secretary. Commission on Marriage and the Home. L. Foster Wood, D.D., Secretary.
- General Commission on Army and Navy Chaplains.** 1137 Woodward Building, Washington 5, D. C. Joseph C. Hazen, Acting Director.
- International Order of the King's Daughters and Sons.** 144 East 37th Street, New York 16. Kate C. Hall, Executive Secretary.
- Methodist Church, Board of Missions and Church Extension.** 150 Fifth Avenue, New York 11. E. D. Kohlstedt, D.D., Executive Secretary.
- National Council of Catholic Men.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. Edward J. Heffron, Executive Secretary.
- National Council of Catholic Women.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. Ruth Craven, Executive Secretary.
- Protestant Episcopal Church, National Council, Division of Christian Social Relations.** 281 Fourth Avenue, New York 10. Rev. Almon R. Pepper, D.D., Executive Secretary.
- Presbyterian Church in the United States, Committee on Social and Moral Welfare.** 201 Washington Street, S. W., Atlanta 3. Stuart R. Oglesby, D. C. Chairman.
- Presbyterian Church in the United States of America, Department of Social Education and Action, Board of Christian Education.** 830 Witherspoon Bldg., Philadelphia 7. Cameron P. Hall, Director.
- Seamen's Church Institute of America.** 281 Fourth Avenue, New York 10, N. Y. Rev. Almon R. Pepper, General Secretary.
- Union of American Hebrew Congregations.** 32 West 6th Street, Cincinnati 2, Ohio. Rabbi Louis I. Egelson, Administrative Secretary.
- United Council of Church Women.** 156 Fifth Avenue, New York 10. Mrs. Harper Sibley, President.

CLUBS AND FRATERNAL SOCIETIES

- American Legion.** 777 N. Meridian Street, Indianapolis, Indiana. Donald G. Glaskoff, National Adjutant. (See also Public Welfare and Child Welfare.)
- American Veterans Committee.** 554 Madison Avenue, New York City. Charles G. Bolte, Chairman.
- American Veterans of World War II.** 1507 M Street, N.W., Washington, D. C. Jack W. Hardy, National Commander.
- Civitan International.** 8034 Farley Bldg., Birmingham, Alabama. Arthur Cundy, Secretary.
- Kiwanis International.** 520 N. Michigan Avenue, Chicago 11, Illinois. O. E. Peterson, Secretary.
- Knights of Columbus.** 45 Wall Street, New Haven 7, Conn. Joseph F. Lamb, Supreme Secretary.
- Lions International.** 332 South Michigan Avenue, Chicago 5, Illinois. Melvin Jones, Secretary-General.

* Member of American Social Hygiene Association.

- National Exchange Club.** 335 Superior Street, Toledo 6, Ohio. Herold M. Harter, National Secretary.
- Optimist International.** 1721 Railway Exchange Bldg., St. Louis 1, Missouri. Russell F. Meyer, Secretary.
- Rotary International.** 35 E. Wacker Drive, Chicago 1, Illinois. Philip Lovejoy, Secretary.
- Veterans of Foreign Wars of the United States.** Broadway and 34th Street Kansas City, Missouri. Max Singer, Adjutant General.

COLLEGE AND UNIVERSITY GROUPS

- American Association for Health, Physical Education and Recreation.** 1201 16th Street, N. W., Washington 6, D. C. Dr. Ben W. Miller, Executive Secretary.
- American Association of Junior Colleges.** 730 Jackson Place, Washington 6, D. C. Mrs. Winifred R. Long, Acting Executive Secretary.
- American Association of School Administrators.** 1201 16th Street, N. W., Washington 6, D. C. Sherwood D. Shankland, Executive Secretary.
- American Association of Teachers Colleges.** Secretary-Treasurer, Charles W. Hunt, State Normal School, Oneonta, N. Y.
- American Student Health Association.** Helen B. Pryor, Secretary General, Stanford University, California.
- College Physical Education Association.** Secretary, Glenn W. Howard, Ohio State University, Columbus, Ohio.
- National Association of Deans and Advisors of Men.** Secretary, F. H. Turner, University of Illinois, Urbana, Illinois.
- National Association of Deans of Women.** 1201 16th Street, N. W., Washington 6, D. C. Mrs. Helen H. Griswold, Executive Secretary.
- National Association of Physical Education for College Women.** Julia Grout, Duke University, North Carolina, Secretary.
- National Student Health Association.** Paul B. Cornely, M.D., Executive Secretary, Howard University, Washington 1, D. C.
- National University Extension Association.** Secretary-Treasurer, W. S. Bittner, Indiana University, Bloomington, Indiana.

COMMUNITY ORGANIZATION GROUPS

- Community Chests and Councils, Inc.** 155 East 44th Street, New York 17, N. Y. Ralph Blanchard, Executive Director.
- Coordinating Councils, Inc.** 1096 Civic Center, San Diego 1, California. Kenneth S. Beam, Secretary.
- National Consumers League.** 348 Engineers Bldg., Cleveland 14, Ohio. Elizabeth S. Magee, General Secretary.
- National Information Bureau, Inc.** 205 East 42nd Street, New York 17, N. Y. D. Paul Reed, Executive Director.

CRIME PREVENTION GROUPS

- American Prison Association.** 135 West 15th Street, New York 3, N. Y. E. R. Cass, General Secretary.
- National Probation Association.** 1790 Broadway, New York 19, N. Y. Charles L. Chute, Executive Director.

EDUCATION

- American Council on Education.** 744 Jackson Place, Washington 6, D. C. George F. Zook, President.
- American Education Fellowship.** 289 Fourth Avenue, New York 10, N. Y. Vinal H. Tibbetts, Director.
- American Eugenics Society.** 1790 Broadway, New York 19, N. Y. Maurice A. Bigelow, President.
- American Teachers Association.** H. Council Trenholm, Executive Secretary. Box 271, Montgomery, Ala.
- Educational Policies Commission.** 1201 16th Street, N. W., Washington 6, D. C. William G. Carr, Secretary.
- International Council of Religious Education.** 203 N. Wabash Avenue, Chicago 1, Illinois. Roy G. Ross, General Secretary.
- National Association for the Advancement of Colored People.** 69 Fifth Avenue, New York 3, N. Y. Walter White, Secretary.

- National Catholic Education Association.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. Rt. Rev. Msgr. Frederick G. Hochwalt, General Secretary.
- National Congress of Colored Parents and Teachers.** Mrs. H. R. Butler, Executive Secretary, 20 Boulevard, Atlanta, Georgia.
- National Congress of Parents and Teachers.** 600 S. Michigan Boulevard, Chicago 5, Illinois. Ruth A. Bottomly, Director of Office; Mrs. Bess N. Rosa, Women's College, Greensboro, N. C., Chairman, Social Hygiene Committee.
- National Education Committee, American Social Hygiene Association.** 1790 Broadway, New York 19, N. Y. Maurice A. Bigelow, Chairman.
- National Education Association.** 1201 16th Street, N. W., Washington 6, D. C. Willard E. Givens, Executive Secretary.
- Survey Associates, Inc.** 112 East 19th Street, New York 3, N. Y. Paul Kellogg, Editor.

FAMILY LIFE

- American Home Economics Association.** 620 Mills Bldg., Washington 6, D. C. Lelia Massey, Executive Secretary; Lydia Ann Lynde, Chairman, Division of Family Relations and Child Development (U. S. Department of Agriculture, Washington 25, D. C.).
- American Institute of Family Relations.** 607 S. Hill Street, Los Angeles 14, California. Paul Popenoe, Secretary and General Director.
- American Social Hygiene Association.** 1790 Broadway, New York 19, N. Y. Walter Clarke, Executive Director.
- Family Life Bureau, National Catholic Welfare Conference.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. Rev. Edward G. Schmiedeler, Director.
- Family Welfare Association of America.** 122 East 22nd Street, New York 10, N. Y. Linton B. Swift, General Director.
- National Conference on Family Relations.** 1126 East 59th Street, Chicago 37, Illinois. Evelyn Millis Duvall, Secretary-Treasurer.

GOVERNMENT—STATE AND CITY

- Council of State Governments.** 1313 East 60th Street, Chicago 37, Illinois. Frank Bane, Executive Director.
- International City Managers Association.** 1313 East 60th Street, Chicago 37, Illinois. Clarence E. Ridley, Executive Director.
- National Municipal League.** 299 Broadway, New York 7, N. Y. Alfred Willoughby, Executive Secretary.
- United States Conference of Mayors.** 730 Jackson Place, N. W., Washington 6, D. C. Lt. Col. Paul V. Betters, Executive Director.

INDUSTRY AND BUSINESS

- American Federation of Women's Auxiliaries of Labor.** Mrs. Herman Lowe, President, P. O. Box 292, Nashville, Tennessee.
- American Industrial Hygiene Association.** Edgar C. Baines, Secretary, c/o Westinghouse Electric Mfg. Co., East Pittsburgh, Pa.
- American Federation of Labor.** AFL Building, Washington 1, D. C. George Meany, Secretary-Treasurer.
- Association of Life Insurance Presidents.** 165 Broadway, New York 6, N. Y. Vincent P. Whitsitt, General Counsel.
- Chamber of Commerce of the United States of America.** 1615 H Street, N. W., Washington 5, D. C. Howard Strong, Secretary, Health Advisory Council.
- Congress of Industrial Organizations.** 718 Jackson Place, N. W., Washington 6, D. C. James B. Carey, Secretary.
- National Association of Manufacturers.** 14 West 49th Street, New York 20. Dr. Victor G. Heiser, Medical Consultant.
- National Conference of Governmental Industrial Hygienists.** National Institute of Health, Bethesda, Maryland. Dr. J. J. Bloomfield, Secretary-Treasurer.
- National Industrial Conference Board, Inc.** 247 Park Avenue, New York 17, N. Y. Harold F. Brown, Secretary.
- National Negro Insurance Association.** 214 East Clay Street, Richmond, Virginia. C. L. Townes, Secretary.
- National Safety Council.** 20 North Wacker Drive, Chicago 6, Illinois. James L. Fieser, Assistant to the President.
- National Women's Trade Union League of America.** 317 Machinists Bldg., Washington, 1, D. C. Elizabeth Christman, Secretary-Treasurer.

United Office and Professional Workers of America. 1860 Broadway, New York 23, N. Y. Lewis Merrill, President.
United States Junior Chamber of Commerce. LaSalle Hotel, Chicago 2, Illinois. Rex M. C. Morris, Executive Vice-President.

INTERNATIONAL

Association for the United Nations. 45 East 65th Street, New York, N. Y.
Committee on Inter-American Cooperation, American Social Hygiene Association. 927 15th St., N.W., Room 609, Washington 5, D. C. Jean B. Pinney, Secretary.
Pan American Sanitary Bureau; Pan American Union. Washington 6, D. C. Hugh S. Cumming, M.D., Director.

LAW ENFORCEMENT AND LEGISLATION

American Bar Association. 1140 N. Dearborn Street, Chicago 10, Illinois. Olive C. Ricker, Executive Secretary.
Committee on the Courts and Social Protection, American Bar Association. John J. Goldsmith, Chairman, Radford, Virginia.
International Association of Chiefs of Police. 918 F Street, N. W., Washington 4, D. C. Edward J. Kelly, Executive Secretary.
International Migration Service, American Branch. 122 East 22nd Street, New York 10, N. Y. George L. Warren, Director.
National Association of Juvenile Court Judges. Juvenile Court, Salt Lake City, Utah. Judge Rulon W. Clark, Secretary-Treasurer.
National Conference of Commissioners on Uniform State Laws. First National Bank Bldg., Omaha 2, Nebraska. Barton H. Kuhns, Secretary.
National Police Advisory Committee on Social Protection. Social Protection Division, Federal Security Agency, Washington 25, D. C.
National Sheriffs' Association. 514 Transportation Bldg., Washington, D. C. Charles J. Hahn, Jr., Executive Secretary.

LIBRARIES

American Library Association. 520 N. Michigan Avenue, Chicago 11, Illinois. Carl H. Milam, Executive Secretary. Paul Howard, Washington Representative, 1709 M Street, N.W., Washington 6, D. C.
Legislative Reference Service, Library of Congress. Washington 25, D. C.
National Health Library. 1790 Broadway, New York 19, N. Y. Mrs. Eva Hawkins, Librarian.
Special Libraries Association. 31 East 10th Street, New York 3, N. Y. Mrs. Kathleen B. Stebbins, Executive Secretary.

MEDICAL AND PUBLIC HEALTH

American Association of Industrial Physicians and Surgeons. 28 East Jackson Boulevard, Chicago 4, Illinois. Dr. E. C. Holmblad, Executive Secretary.
American Cancer Society. 350 Madison Avenue, New York 17, N. Y. Rear Admiral Charles S. Stephenson, U.S.N. (Ret.), Director.
American Dental Association. 222 E. Superior Street, Chicago 11, Illinois. Dr. Harry B. Pinney, Secretary.
American Foundation for the Blind. 15 West 16th Street, New York 11, N. Y. Robert B. Erwin, Executive Director.
American Heart Association. 1790 Broadway, New York 19, N. Y. H. M. Marvin, M.D., Acting Executive Secretary.
American Hospital Association. 18 E. Division Street, Chicago 10, Illinois. George Bugbee, Executive Secretary.
American Medical Association. 535 N. Dearborn Street, Chicago 10, Illinois. Olin West, M.D., Secretary and General Manager; W. W. Bauer, M.D., Director, Bureau of Health Instruction.
American Medical Women's Association. 50 West 50th Street, New York 20, N. Y. Beulah Cushman, M.D., Secretary.
American National Red Cross. 17th and D Streets N. W., Washington 13, D. C. Basil O'Connor, Chairman.
American Nurses Association. 1790 Broadway, New York 19, N. Y. Mrs. Alma H. Scott, R.N., Executive Secretary.
American Psychiatric Association. 9 Rockefeller Plaza, New York 20, N. Y. Austin M. Davies, Executive Assistant.

- American Public Health Association.** 1790 Broadway, New York 19, N. Y. Reginald M. Atwater, M.D., Executive Secretary.
- American School Health Association.** Kent State University, Kent, Ohio. A. O. DeWeese, M.D., Executive Secretary-Treasurer.
- American Society for the Hard of Hearing.** 1537 35th Street, N. W., Washington 7, D. C.
- Association of Military Surgeons of the United States.** Army Medical Museum, Washington 25, D. C. Col. James M. Phalen (Ret.), Secretary.
- Association of Women in Public Health.** Meta Pennock Newman, Acting President, Fanwood, New Jersey.
- Catholic Hospital Association of the United States and Canada.** 1402 South Grand Boulevard, St. Louis 4, Missouri. Rev. Alphonse M. Schwitalla, Ph.D., President.
- Committee on Research in Medical Economics.** 1790 Broadway, New York 19, N. Y. Michael M. Davis, Ph.D., Chairman.
- Conference of State and Provincial Health Authorities of North America.** Stanley H. Osborn, M.D., Secretary-Treasurer, Hartford, Connecticut.
- Conference of State and Territorial Health Officers.** Permanent Chairman, Surgeon General of the U. S. Public Health Service, Washington 14, D. C.
- National Advisory Committee on Social Protection and Venereal Diseases.** Federal Security Agency, Washington 25, D. C. Charles P. Taft, Chairman.
- National Association of Colored Graduate Nurses.** 1790 Broadway, New York 19, N. Y. Mrs. Mabel K. Staupers, Executive Secretary.
- National Committee for Mental Hygiene.** 1790 Broadway, New York 19, N. Y. George S. Stevenson, M.D., Medical Director.
- National Committee of Health Council Executives.** Room 400, 261 Franklin Street, Boston 10, Mass. Margaret H. Tracy, Chairman.
- National Health Council.** 1790 Broadway, New York 19, N. Y. Dudley P. Gilbert, Business Manager.
- National Hospital Association.** 4666 South State Street, Chicago, Illinois. S. W. Smith, Executive Secretary.
- National League for Nursing Education.** 1790 Broadway, New York 19, N. Y. Adelaide A. Mayo, Executive Secretary.
- National Medical Association.** John T. Givens, M.D., General Secretary, 1108 Church Street, Norfolk, Va.
- National Organization for Public Health Nursing.** 1790 Broadway, New York 19, N. Y. Ruth Houlton, General Director.
- National Research Council.** Sub-committee on Venereal Diseases, 2101 Constitution Avenue, Washington 25, D. C. Joseph Earle Moore, M.D., Chairman.
- National Society for the Prevention of Blindness.** 1790 Broadway, New York 19, N. Y. Mrs. Eleanor Brown Merrill, Executive Director.
- National Tuberculosis Association.** 1790 Broadway, New York 19, N. Y. Kendall Emerson, M.D., Managing Director.

PHARMACEUTICAL

- American Pharmaceutical Association.** 2215 Constitution Avenue, N. W., Washington 25, D. C. Dr. Robert P. Fischelis, Secretary and General Manager.
- Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association.** 1790 Broadway, New York 19, N. Y. Robert P. Fischelis, Chairman.
- National Association of Retail Druggists.** 205 W. Wacker Drive, Chicago, Illinois. John W. Dargavel, Secretary.
- National Wholesale Druggists Association.** 330 West 42nd Street, New York 18, N. Y. E. L. Newcomb, Executive Vice-President.

PUBLIC INFORMATION (Radio, Publicity, Motion Pictures)

- American Film Center, Inc.** Director, Donald Slesinger, 45 Rockefeller Plaza, New York 19, N. Y.
- National Board of Review of Motion Pictures, Inc.** Executive Director, James Shelley Hamilton, 70 Fifth Avenue, New York, N. Y.
- National Publicity Council for Health and Welfare Services.** 130 East 22nd Street, New York 10, N. Y. Mrs. Sallie Bright, Executive Secretary.

PUBLIC WELFARE

- American Legion, National Rehabilitation Committee.** 1608 K Street, N. W., Washington 6, D. C. T. O. Kraabel, Director.
- American Legion Auxiliary, National Rehabilitation Committee.** Mrs. L. J. Lemstra, Chairman, Clinton, Indiana.
- American Public Welfare Association.** 1313 East 60th Street, Chicago 37, Illinois. Howard L. Russell, Director.
- American Seaman's Friend Society.** 175 Fifth Avenue, New York 10, N. Y. R. H. Lee-Martin, Executive Director.
- National Catholic Welfare Conference.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. Rt. Rev. Msgr. Howard J. Carroll, General Secretary.
- National Jewish Welfare Board.** 145 East 32nd Street, New York 16, N. Y. Louis Kraft, Executive Director.
- National Safety Council.** 20 North Wacker Drive, Chicago 6, Illinois. Ned H. Dearborn, Executive Vice-President.
- National Travelers Aid Association.** 425 Fourth Avenue, New York 16, N. Y. Bertha McCall, General Director.
- National Urban League.** 1133 Broadway, New York 10, N. Y. Lester B. Granger, Executive Secretary.
- Salvation Army.** 120 West 14th Street, New York 11, N. Y. Donald McMillan, National Secretary.
- United Seamen's Service.** 39 Broadway, New York 6, N. Y. Douglas P. Falconer, Executive Director.

RECREATION

- American Camping Association.** Room 1802, 343 Dearborn Street, Chicago 4, Illinois. Mrs. Eleanor P. Eells, Secretary.
- Joint Army and Navy Committee on Welfare and Recreation.** Pentagon Bldg., Washington 25, D. C. John M. Russell, Director.
- National Recreation Association.** 315 Fourth Avenue, New York 10, N. Y. Howard Braucher, President.
- United Service Organizations.** 1630 Empire State Bldg., New York 1, N. Y. C. Frank Kramer, Executive Secretary.

RURAL GROUPS

- American Country Life Association.** Education Bldg., Purdue University, Lafayette, Indiana. O. F. Hall, Executive Secretary.
- American Farm Bureau Federation.** 58 E. Washington Street, Chicago 2, Illinois. R. W. Blackburn, Secretary.
- Associated Women of the American Farm Bureau Federation.** 58 East Washington Street, Chicago 2, Illinois. Mrs. Charles W. Sewell, Administrative Director.
- National Grange of the Patrons of Husbandry.** 744 Jackson Place, Washington 6, D. C. A. S. Goss, Master.

SOCIAL WORK

- American Association of Medical Social Workers.** 1129 Vermont Avenue, N. W., Washington 5, D. C. Margaret K. Lumpkin, Executive Secretary.
- American Association of Schools of Social Work.** 1313 East 60th Street, Chicago 37, Illinois. Leona Massoth, Executive Secretary.
- American Association of School Social Workers.** 222 Otis Avenue, St. Paul 4, Minnesota. Alma Laabs, President.
- American Association of Social Workers.** 130 East 22nd Street, New York 10, N. Y. Joseph P. Anderson, Executive Secretary.
- Association of Church Social Workers.** 740 Rush Street, Chicago 11, Illinois. Ruth Erwin, Executive Secretary.
- Association of State Conference Secretaries.** 82 N. High Street, Columbus 15, Ohio. Jane Chandler, Secretary.
- National Conference of Catholic Charities.** 1317 F Street, Washington 4, D. C. Rt. Rev. Msgr. John O'Grady, Secretary.
- National Conference of Social Work.** 83 N. High Street, Columbus 15, Ohio. Howard R. Knight, General Secretary.

- National Federation of Settlements.** 147 Avenue B, New York 9, N. Y. Lillie M. Peck, Executive Secretary.
- National Florence Crittenton Mission.** 408 Duke Street, Alexandria, Va. Robert S. Barrett, D.C.L., President.
- National Social Welfare Assembly.** 1790 Broadway, New York 19, N. Y. Robert E. Bondy, Director.
- Volunteers of America.** 34 West 28th Street, New York 1, N. Y. Mrs. Ballington Booth, Commander-in-Chief.

WOMEN'S GROUPS

- Advisory Council, Women's Interest Section, Bureau of Public Relations, U. S. War Department.** Washington 25, D. C. Margaret S. Bannister, Chief.
- American Association of University Women.** 1634 Eye Street, N. W., Washington 6, D. C. Kathryn McHale, Ph.D., General Director; Mrs. Harriet Houdlette, Consultant in Childhood Education.
- American Federation of Soroptimist Clubs.** 1530 Chestnut Street, Philadelphia 2, Pennsylvania. Martha R. Servis, Executive Secretary.
- American Legion Auxiliary.** 777 N. Meridian Street, Indianapolis 4, Indiana. Mrs. Walter G. Craven, National President. (See also Public Welfare and Child Welfare.)
- Association of the Junior League of America.** Waldorf Astoria, 305 Park Avenue, New York 22, N. Y. Mrs. Winthrop Pennock, Executive Secretary.
- General Federation of Women's Clubs.** 1734 N Street, Washington 6, D. C. Mrs. LaFell Dickinson, President; Mrs. Carl W. Illig, Box 271, Wareham, Mass., National Chairman, Public Health Committee.
- International Association of Altrusa Clubs.** 540 N. Michigan Avenue, Chicago 11, Illinois. Mabel F. Meek, Secretary.
- National Association of College Women.** Esther Popel Shaw, Corresponding Secretary, 1111 Columbia Road, Washington, D. C.
- National Association of Colored Women.** 708 Fourth Avenue, S. E., Mineral Wells, Texas. Mrs. Ada B. Dement, President.
- National Council of Catholic Women.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. Ruth Craven, Executive Secretary.
- National Council of Jewish Women.** 1819 Broadway, New York 23, N. Y. Mrs. Anna K. Schwartz, Executive Secretary.
- National Council of Negro Women.** 1318 Vermont Avenue, N. W., Washington 5, D. C. Mrs. Mary McLeod Bethune, President.
- National Council of Women of the United States, Inc.** 501 Madison Avenue, New York 22, N. Y. Mrs. Harold V. Milligan, President; Chairman, Social Hygiene Committee, Valeria H. Parker, M.D.
- National Federation of Business and Professional Women's Clubs.** 1819 Broadway, New York 23, N. Y. Louise F. Bache, Executive Secretary.
- National League of Women Voters.** 726 Jackson Place, Washington 6, D. C. Anna Lord Strauss, Executive Officer.
- National Medical Association, Women's Auxiliary.** Mrs. A. W. Plump, 209 Tenth Court, N., Birmingham, Alabama.
- National Women's Advisory Committee on Social Protection.** Mrs. Horace B. Ritchie, Chairman, 228 King Avenue, Athens, Georgia.
- National Woman's Christian Temperance Union.** 1730 Chicago Avenue, Evanston, Illinois. Lilly Grace Matheson, Corresponding Secretary; Mrs. Pearl Kendall Hess, 631 E. Jefferson Avenue, Orange, California, Director, Department of Medical Temperance.
- Veterans of Foreign Wars of the United States, Ladies Auxiliary.** Broadway and 34th St., Kansas City 2, Missouri. Grace H. Davis, National Secretary-Treasurer.
- Women's Auxiliary to the American Medical Association.** Mrs. R. E. Ahlquist, Secretary, 2203 Rockwood Boulevard, Spokane, Washington.

YOUTH AND YOUTH SERVING GROUPS

- Alpha Epsilon Delta (national honorary pre-medical fraternity).** Maurice L. Moore, M.D., National Secretary, Medical Research Division, Sharp and Dohme, Glenolden, Pa.

- American Youth Hostels, Inc.** 87 North Main Street, Northfield, Mass. Isabel and Monroe Smith, National Directors.
- Armenian Youth of America.** 138 Pembroke Street, Boston, Mass. Manoog S. Young, Chairman.
- Big Brother Movement, Inc.** 315 Fourth Avenue, New York 10, N. Y. Joseph H. McCoy, General Secretary.
- Boy's Clubs of America.** 381 Fourth Avenue, New York 16, N. Y. David W. Armstrong, Executive Director.
- Boy Scouts of America.** 2 Park Avenue, New York 16, N. Y. Elbert K. Farwell, Chief Scout Executive.
- Camp Fire Girls, Inc.** 88 Lexington Avenue, New York 16, N. Y. Martha F. Allen, National Executive.
- Committee on Youth Problems of the American Council of Education.** 744 Jackson Place, Washington 6, D. C. Francis J. Brown, Executive Secretary.
- Girls' Friendly Society of the United States of America.** 386 Fourth Avenue, New York 16, N. Y. Mrs. Helen Gibson Hogue, Executive Secretary.
- Girl Scouts.** 155 East 44th Street, New York 17, N. Y. Mrs. Paul Rittenhouse, National Director.
- Girls' Service League of America.** 138 East 19th Street, New York 3, N. Y. Mrs. Margaret C. Davison, Secretary and Executive Director.
- Grand Council of the Order of DeMolay.** 201 E. Armour Boulevard, Kansas City 2, Missouri. Frank S. Land, Founder and Secretary-General.
- National Association of Young Men's and Young Women's Hebrew Associations.** 145 East 32nd Street, New York 16, N. Y. Louis Kraft, Executive Director.
- National Catholic Community Service.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. James J. Mitchell, Director.
- National Catholic Youth Council.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. Rev. Charles Bermingham, Director.
- National Committee on Boys and Girls Club Work.** 59 East Van Buren Street, Chicago 5, Illinois. G. L. Noble, Managing Director.
- National Council of Jewish Juniors.** 1819 Broadway, New York 23, N. Y. Rosalie Ludwig, Executive Secretary.
- National Student Federation.** 1410 M Street, N. W., Washington 5, D. C. Mary Jeanne McKay, President.
- United Service Organizations, Inc.** 1630 Empire State Bldg., New York 1, N. Y. G. Frank Kramer, Jr., Executive Secretary.
- Young Men's Christian Associations of the United States of America, National Council.** 347 Madison Avenue, New York 17, N. Y. Eugene E. Barnett, General Secretary.
- Young Women's Christian Associations of the United States of America, National Board.** 600 Lexington Avenue, New York 22, N. Y. Mrs. Harrison S. Elliott, General Secretary; Grace Palmer, Health Education Secretary; Tirzah Anderson, Personal and Family Relations Secretary.
- Young Men's Hebrew Association.** Lexington Avenue at 92nd Street, New York 28, N. Y. Fabian M. Crystal, Secretary.
- Young Women's Hebrew Association.** Lexington Avenue at 92nd Street, New York 28, N. Y. Mrs. Benjamin Marshall, Secretary.
- Youth Commission, National Council of Catholic Women.** 1312 Massachusetts Avenue, N. W., Washington 5, D. C. Margaret Hughes, President.

(The Editors of the JOURNAL OF SOCIAL HYGIENE will appreciate information concerning corrections needed in names, titles, or addresses, or suggestions for other national voluntary agencies which should be included in this list.)

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

California: Human Relationships Lecture Series at San Francisco State College.—Under the joint sponsorship of the California Social Hygiene Association, the San Francisco Department of Public Health, the City Schools, and the Second District, California Congress of Parents and Teachers, a series of ten lecture-discussions on Human Relationships was given for parents and teachers at San Francisco State College during the period October 10 to December 12. The series was made possible through a grant of the Rosenberg Foundation.

Lecturers and discussion leaders were:

Bertha Shedd Mason, B.A., M.D., widely known as a lecturer before Stanford University women students and other groups, and for 13 years college physician at San Jose State College, where she also taught social hygiene; and Noel Keys, Ph.D., consulting psychologist and professor of Education at University of California, Berkeley. (See *Collier's*, September 15, 1945, *Sex in the Classroom*, for a popular account of Dr. Keys' teaching on family relations.)

District of Columbia: Social Hygiene Society Has New President.—At a December 13 meeting of the Society's Board of Directors, Dr. William P. Herbst was elected to succeed Dr. Henry H. Hazen as president of the District of Columbia Social Hygiene Society. Dr. Hazen resigns the post after a most progressive and successful administration of seven years duration.

Major General Merritte W. Ireland, MC (retired), chairman of the Society's nominating committee, cited Dr. Hazen's "constant and devoted contributions to venereal disease control, to sound sex education and to consistent repression of commercialized prostitution in Washington during the difficult war years, services acknowledged by the Army, Navy and Public Health Service." Announcing Dr. Herbst's acceptance of the presidency, General Ireland said "as a native Washingtonian, he has aided extensively in civic and public health projects. He is president-elect of the District Medical Society, professor of clinical urology at Georgetown University Medical School, an ex-president of the Association of Physicians of Mayo Clinic, and he served in the Medical Corps, U. S. Navy in World War I. The Society is fortunate in securing his services."

The ASHA, whose Committee on Awards presented Honorary Life Membership to Dr. Hazen in 1943, and whose national headquarters and Washington Liaison Office are constantly appreciative of the helpful cooperation rendered by the District Society, extends hearty good wishes to both the retiring and incoming presidents.

Kentucky: Social Hygiene Association Sponsors Marriage Study Series.—With the co-sponsorship of the Health Departments of the State and of Louisville and Jefferson County, the Social Hygiene

Association of Kentucky sponsored a course of 17 lectures on *Making the Most of Marriage*, during the period October 23 to November 13.

The series was held at the YMCA Building on Tuesday and Friday evenings, and was offered especially to young men and women between the ages of 17 and 28 years. Topics and speakers included: *Personality and Marriage*, Rev. J. Wilson Hunter; *Planning for Marriage*, Mrs. Eva Wanless; *Mental Hygiene of Marriage*, Dr. Noble H. Kelly; *Religion and Marriage*, Rev. Norvel E. Wicker, Rev. H. J. Lammers and Rabbi J. J. Gittleman; *Family and Homemaking Problems*, Mrs. Brunette Coslow, Mrs. Fred Loheide, Mildred Neff and Mrs. Maxine Huskamp; *Influence of Home Background on Children*, Mrs. A. B. Sawyer, Jr.; *Pep in Your Home*, Emily Bennett; *Biological Backgrounds of the Family*, Dr. John R. Pate; *Preparing for Your Children and Their Care*, Dr. Alice Chenoweth and Dr. Marjorie Rowntree; *Legal Problems Arising in Marriage*, A. C. Russell; *The Juvenile Court's Relation to the Family*, Mrs. Clara White; *Venereal Disease Control and Marriage*, Major Francis Hetreed, MC; *Physiology of Marriage*: (boys) Dr. Pate; (girls) Dr. Chenoweth.

Maryland: Baltimore Enacts New Ordinance for Disease Control.—City Ordinance No. 217, approved by Mayor Theodore R. McKeldin on June 20, was enacted by the City Council to strengthen the City Health Department's program for prevention of communicable diseases in Baltimore. The new Ordinance gives the City Health Commissioner wider powers in providing for quarantine and treatment of persons infected with any communicable diseases.

Health Commissioner Huntington Williams recently announced that the first regulation drafted under the new ordinance relates to the control of venereal diseases. By this regulation any person, having been informed that he has a venereal disease, must be treated by a licensed physician until cured, or be quarantined or isolated in a hospital designated by the Commissioner of Health for that purpose. The Commissioner also is given power to require examination of persons suspected of having such diseases.

Dr. Williams has also recently announced receipt of a Certificate of Commendation from Major General Philip Hayes, Commanding General, Third Army Service Command, by Dr. Alexander M. Novey, in charge of VD control work for the City Health Department. The certificate reads:

"... Doctor Novey's ability to critically evaluate community problems associated with the dissemination of the venereal diseases, and to formulate and activate effective public health techniques, particularly those having to do with curbing of facilitation as it relates to venereal disease control in the City of Baltimore, reflects great credit to himself and to the City Health Department. As Acting Director of the Bureau of Venereal Disease in the Baltimore City Health Department, Doctor Novey's superior performance of his duty has contributed greatly to the health of members of the Armed Forces in the Third Service Command."

(Signed) PHILIP HAYES

Major General, U. S. Army, Commanding

New Jersey: Congress of Parents and Teachers Reports Progress.—Mable Grier Leshner, M.D., social hygiene chairman, New Jersey Congress of Parents and Teachers, says in a report for the Congress' 1946 *Year Book*:

A summary of Social Hygiene Education activities of the past year is both encouraging and stimulating. Replies to the questionnaire sent to all county chairmen in the spring indicate that sixteen of the twenty-one counties have definitely followed some aspect of the selective social hygiene goals. In one

county twenty-six locals had discussion groups, nine others had speakers for special programs. Twenty-one groups in another county had discussion groups, a panel and special speakers. Eleven counties reported definite social hygiene activities and a number stated that social hygiene had always been included in the parent education study groups, although they had no special social hygiene chairman.

Particular mention should be made of the signal result of the work of the Social Hygiene Chairman of Hunterdon County. After two years of close contact with her twenty-five locals, through assistance with discussion groups, reading groups, distribution of literature and response to local calls, on April 19, 1945, the County Council meeting voted "that the Parents and Teachers of Hunterdon County desire social hygiene integrated into the schools throughout the County." It is hoped that this precedent may be rapidly followed by the other twenty counties in the State. One county reported that already several schools were doing active social hygiene work in some classes.

Delegates have been acquainted with the aims, procedures, personnel and available materials during the largely attended Social Hygiene conferences at the time of the annual State conventions. In 1944 a County Social Hygiene Chairman gave an account of methods found practical and satisfactory in her local units and an Elementary School Supervisor depicted how Social Hygiene had been successfully integrated throughout the first six grades in her school. At the 1945 conference, in Atlantic City, the enthusiastic response of the three hundred delegates to the methods described by a Health and Physical Education teacher in meeting the social hygiene problems of her high school girls was further indication of the growing understanding and endorsement evident in many sections of the State.

During the year the pamphlet *Meeting Youth Needs*, prepared by the Chairman, has been published by the Congress and is in demand in places as far distant as Hawaii, Wisconsin and Texas. It is also being sent by the National Congress to all State Chairmen in the country.

The Chairman participated in the Washington conference called by the United States Office of Education in December 1944 and represented the National Congress of Parents and Teachers at the April 1945 meeting of the National Women's Advisory Committee on Social Protection in Washington.

During the year she contributed six articles to the *New Jersey Parent-Teacher Bulletin*, conducted an evening adult education series (ten sessions) on *Helping Our Children Grow Up*, which was sponsored by a local Parent-Teacher unit, also a Y.W.C.A. series for Girl Reserves in Camden, and responded to requests from county council and local units.

She also addressed three meetings of the Larchmont-Mamaroneck Parent-Teacher Associations in New York, a synagogue meeting for parents and teachers in New York City, was guest speaker at the Biology section of the Connecticut State Teachers Association in New Haven, conducted the Social Hygiene conference at the Pennsylvania Congress convention in Philadelphia, addressed three hundred members of the Bethlehem, Pennsylvania Junior Councillors Organization, presented a paper on *The Role of the School in Education for Family Life* during Schoolmen's Week at the University of Pennsylvania and spent a month in field work for the American Social Hygiene Association, as educational consultant to teacher-training institutions and Parent-Teacher groups in Alabama, North and South Carolina.

New York State Protects Health of Migrant Farm Laborers.—Although a program for better sanitary conditions and improved health for the thousands of migrant workers and families on farms in upstate New York has been in effect for many years, changed conditions have made it necessary to intensify this program. Strict enforcement of the State Sanitary Code governing camps and the use of public health services, including venereal disease and tuber-

culosis clinics, maternity and child hygiene centers, nursing care and health instruction, have been used in this undertaking.

The Department of Health's *Health News* says:

"On August 1, 174 camps with 9,542 occupants were operating in Upstate New York. For the benefit of these workers and the communities in which they live, the Department is utilizing the services of a corps of professional workers. The New York State War Council allocated \$22,000 for the employment of seventeen camp sanitarians and clerical assistants who work under the immediate supervision of district health personnel concerned with the inspection of labor camps. Sixteen public health nurses are employed full time and part-time nurses are provided as needed. With these exceptions, the entire program is administered by the regular department staff without added cost to the State.

"Venereal disease is tracked down through intensified case-finding and treatment procedures. Every person suspected of having syphilis is urged to have a Wassermann examination, treatment for those infected being provided at department expense. Clinics are established in camps having a large number of cases. Patients from other camps receive treatment in the offices of private physicians who are paid on a fee for service basis."

New York: Buffalo Social Hygiene Committee Plans New Year Round Program.—Because of the rising incidence of syphilis and gonorrhea, the Social Hygiene Committee of the Buffalo and Erie County Tuberculosis Associations has set the following definite objectives for its program for the coming year:

To make the community aware of local venereal disease problems.

To support the activities of the health department in controlling syphilis and gonorrhea.

To stimulate the interest of other official and voluntary agencies whose work is related to these problems.

To foster community demonstrations including lectures, press releases, and radio programs throughout the year as well as on Social Hygiene Day.

This Committee organized following successful Social Hygiene Day observances in February, 1943, when the American Social Hygiene Association's Thirtieth Anniversary Meeting was held in Buffalo, and again in February, 1944, now numbers about 40, and Mr. George T. Ballachey serves as Chairman.

Youth education is a leading interest of the Committee at the present time because health department statistics show a large percentage of early syphilis cases among younger age groups. The 1945 Social Hygiene Day program was devoted to this subject, after which a series of resolutions were drawn up, presented to Mayor Joseph J. Kelly, and given city administration approval and cooperation. Following this the Committee appointed a sub-committee on Youth Education which has been preparing a program for youth groups through the city. The Buffalo and Erie County Tuberculosis Association, which has been underwriting the costs of the annual Social Hygiene Day programs for several years, has pro-

vided a staff worker who will devote a large proportion of her time to work with the sub-committee.

Dr. I. Jay Brightman, Director of Syphilis Control Service, Buffalo Department of Health, has commented, "The establishment of the committee on a permanent basis stems from a sound principle, which might well be applied more generally in effectuating community programs initiated not only in connection with Social Hygiene Day but also Child Health Day, Cancer Month, the Tuberculosis Early Diagnosis Campaign, and other similar occasions."

Ohio: Cincinnati Sets Up Division of Women Police.—Chief E. T. Weatherly of the Cincinnati Police Department reports an ordinance establishing a division of women police within the department. The women police officers, when appointed, will be subject to the same rules and regulations applicable to the policemen, but ineligible for appointment to positions outside the division.

Ohio: Cleveland Health Museum Acquires Dickinson Models.—Dr. Lester Taylor, president of Cleveland Health Museum, announces that the 100 sculptural models dealing with human reproduction developed by Dr. Robert Latou Dickinson of New York City have been acquired by the Museum for display and for distribution to medical, nursing and health groups. Continued use of these models, which are unique in the history of medical science, will help make maternity safer for mothers and babies all over the world.

Dr. Bruno Gebhard, Museum Director, states that the collection includes: Standard figures of adult male and female, and of newborn baby; pregnancy and labor; anatomy of male and female reproductive organs; venereal diseases; some surgical operations; full-size manikin for teaching delivery to medical students; the World's Fair series of childbirth in successive stages; six small models for the doctor's desk for explanation to patients or students; and others for specialized uses.

The models are the result of sixty years of study and research by Dr. Dickinson. They are based on life studies, rather than on measures based on post-mortem examinations, which previously served for teaching purposes. Never before have the growth and delivery of a baby been sculptured in three dimensions for such purposes. The models are not only strictly accurate in measurements and proportion, but they attain the level of true art in their life-likeness, their decorative character, and their striking points of view, especially the pieces in the Birth Series. For quantity production, nothing of this detail and scientific accuracy or artistic merit exists in this country or abroad. The Museum also acquires possession and control of distribution of the models and option on future additions to the collection, and will be in position to make copies from the originals for other institutions.

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Secretary, ASHA Committee on Inter-American Cooperation

Canada: Social Hygiene Resolutions Will Serve as Basis for Future Efforts.—At the 26th Annual Meeting of the Health League of Canada, held at Toronto, October 29–31, six resolutions were adopted, as proposed by the Social Hygiene Division and discussed by the Study-Action Open Seminar on Venereal Disease Control. The text follows:

RESOLUTIONS ON VENEREAL DISEASE CONTROL

Blood Testing for Syphilis

Premarital Examinations

RESOLVED that a general medical examination, including a serological test for syphilis, should be required before the issuance of a marriage license by the civic authority, or the publication of banns by clergymen.

In Industry

RESOLVED that blood testing for syphilis be included in all routine medical examinations in industry.

In Hospitals

RESOLVED that blood testing for syphilis be made a routine procedure in all hospitals, for private as well as public patients.

ALCOHOLISM AND VD

WHEREAS it is established by the highest authorities that in a considerable proportion of venereal-disease infections alcoholism is a factor,

BE IT RESOLVED that governmental authorities and interested organizations give serious consideration to the close relationship between alcohol and venereal disease, and take any steps found to be practicable, especially through the medium of education, toward early improvement of the condition.

STRESS ON MORAL, SOCIAL AND ECONOMIC FACTORS

WHEREAS the present high incidence of venereal disease is, to a degree, the medical symptom of society's neglect of the social, moral, and economic factors involved; and

WHEREAS VD-control programs tend to stress the purely public-health and epidemiological aspects of the problem, almost to the exclusion of the other factors,

BE IT THEREFORE RESOLVED that the moral, social, and economic aspects be more explicitly stressed in all measures taken toward the prevention and eradication of the venereal diseases.

RESOLUTION ON SEX EDUCATION

WHEREAS venereal disease, the incidence of which has reached epidemic proportions, is essentially a young people's disease, it being estimated by the highest authorities that approximately 75 per cent of all VD infections are acquired and spread by persons under the age of thirty; and

WHEREAS, as a result of this high incidence, the VD problem is being increasingly centered around youth, character training, and education, it being common

belief that our greatest hope in the prevention and eventual eradication of these diseases lies in early, sound education; and

WHEREAS there is now a movement afoot in Canada to introduce sex education in the schools, under this or various other names.

BE IT THEREFORE RESOLVED:

1. That the Health League of Canada emphatically recommend to all educational and governmental authorities that any program of sex instruction in the schools be presented in integrated form—that is, correlated with existing courses in—

Biology	Citizenship
Physiology and Hygiene	Religious Instruction
Physical and Health Education	Social Studies (history, human
General Science (nature study,	geography, social ethics, soci-
botany, zoology, etc.)	ology, political and economic
Psychology	science, cultural and social an-
Home Economics	thropology, etc.)
Literature and Composition	

2. That the term "sex" in the name of such school program be avoided, preference to be given to the more widely accepted names as "family-life education," "family relations," or the more inclusive "health and human relations."
3. That study of the venereal diseases (pathological), in the schools, should follow, and not precede or accompany, the studies of *normal* sex life; furthermore, that these two types of studies be handled apart, venereal disease to be dealt with among other communicable diseases.
4. That instruction in the methodology and psychology of teaching human relations be given in all teacher-training institutions; and that short courses in these subjects be provided for in-service teachers—e.g., incorporated in courses in physical and health education.
5. That studies in child guidance and family relations be made available by university extension departments, institutions for adult education, and kindred institutions.
6. That this resolution be referred to the Royal Commission on Education (Ontario).

(Joseph Lichstein, Acting Director of the Social Hygiene Division, reports that this resolution was also approved at a number of other meetings, including the Toronto Conference of Social Work, November 1, and has been given wide publicity throughout the Dominion by means of a special news release sent to all daily newspapers, many weeklies and to news editors of Canadian radio stations. Effects have been seen in a dozen or more newspaper items, including some substantial editorials, and approval and release by the Ontario Department of Education of certain special materials for teaching purposes.)

Chile: First Pan-American Congress of Social Service Held in Santiago.—The Republic of Chile, first in the Americas to adopt a Social Security Law, and first to establish a School of Social Service,* has added another first to its record by acting as host country to the First Pan-American Congress of Social Service, held in Santiago, September 9 to 16, 1945.

*In March, 1925, in Santiago, when the Junta de Beneficencia officially inaugurated a school for the training of social workers for the many institutions administered by the Junta. Today Chile has six such schools, three in the capital and three in the provinces, with 650 graduates. Similar schools are to be found in nearly all South American countries, as well as in Mexico, Costa Rica and Cuba. An important action of the Congress called for the formation of an Inter-American Committee of Schools to promote closer cooperation.

The Congress, under the joint auspices of the Chilean Ministry of Health and the Junta Central de Beneficencia, was attended by over 50 delegates, representing a majority of the 21 republics, and including a delegation from the United States headed by Mrs. Elisabeth Shirley Enochs, U. S. Children's Bureau. Other members were: Walter W. Pettit, Director, New York School of Social Work; Miss Mary M. Cannon, Director, Inter-American Division, Woman's Bureau, U. S. Department of Labor; Miss Jane M. Hoey, Director, Bureau of Public Assistance, Social Security Board, Federal Security Agency; Mrs. Maria Pintado de Rahn, Director, Department of Social Work, University of Puerto Rico, and the Reverend Dr. Lucian Lauerman, Director, National Catholic School of Social Service, Washington, D. C.

A Committee which included as chairman Sra. Luz Tocornal de Romero, Director of the Santiago School, Sra. Valentina Maidagan de Ugarte, as Secretary, Sra. Raquel Cousiño de Vicencio as Treasurer, with ten members prominent in their professions, served as the local organizing group. At a preparatory session Sra. Tocornal de Romero was elected as president, and as vice-presidents Dr. Alberto Zwanck, head of the Argentinian delegation; Dr. Moacir Velloso Cardoso de Oliveira, head of the Brazilian delegation and Mrs. Enochs. Sra. Maidagan de Ugarte was chosen secretary, with Srta. Luz Sanchez Bustamente of Bolivia and Srta. Argentina Mora of Ecuador as assistant secretaries.

A heavy schedule of addresses, discussions, visits to social agencies and social events, filled the week's program. Noteworthy was the interest manifested in the Atlantic Charter and the Four Freedoms, which were hailed as providing inspiration to social workers to make them become realities. So great was the number of papers received by the Congress that it was necessary to select by lot those to be read. All are, however, to be published in the *Proceedings*. Among speakers were: Srta. Loyde Vieto G., Panama; Srta. Augusta Schroeder of Uruguay; Srta. María Rosario Araújo of Peru; Srta. Restrepo of Bogotá, Colombia; Dr. Emilio Sánchez Rizza of Argentina; Srta. Juana Prieto Rojas of Paraguay; Dr. Luis Carlos Mancini of Rio de Janeiro; and Mrs. Maria Pintado de Rahn of Puerto Rico. An all day trip to Viña del Mar, affording opportunity to enjoy the seacoast scenery, was the closing social event of the Congress.

Mrs. Enochs, reporting on the Congress in the *Pan American Bulletin* for December, 1945, says: "This Congress was a manifestation of the rapid growth of a new profession in the various American republics, and gave proof of professional solidarity and continental vision of the social workers of the Western hemisphere.

At the motion of Dr. Alberto Zwanck of Argentina, the Congress voted to hold its next meeting in Brazil, opening the program in Sao Paulo and closing in Rio de Janeiro.

Mexico: Dr. Rosenthal Reports on Conference on Tropical Dermatology and Venereology.—Dr. Theodore Rosenthal, Director, Bureau of Social Hygiene, New York City Department of Health, and Special Consultant, U. S. Public Health Service, reports on an interesting visit to the Republic of Mexico during the past summer:

"The occasion of the trip was a conference on Tropical Dermatology and Venereology, conducted under the joint auspices of the Mexican Society of Dermatology and the Secretary of Public Health and Welfare of Mexico, and the National School of Medicine of the University of Mexico. Presentation of the various subjects was made by outstanding authorities in

their respective fields; for example, a general view of the tropical characteristics of conditions found in that area was made by Dr. Jesus Gonzales Urueña, the Dean of Mexican Dermatology and Syphilology; pinta, that fascinating disease caused by a spirochete, was presented by Dr. Salvador Gonzales Herrejon; syphilis was discussed by Dr. Julio Bejarano, who in

pre-revolutionary Spain was one of the most prominent figures in the public health control of venereal disease in that country. Lymphogranuloma venereum was discussed by Dr. Oswaldo S. Arias, who also conducted the visiting American physicians through the military hospital, which is a model of hospital construction. In the course of these seminars, clinical material was demonstrated in the wards of the General Hospital, the Institute of Tropical Medicine, at the National Leprosarium, located at Zoquiapan, and a visit made to the town of Iguala, in the tropical belt, for demonstration of cases of pinta.

The visit was marked by demonstrations of extreme cordiality and hospitality on the part of our Mexican colleagues. For example, on the day the sessions opened, a 'smoker' was given for all the visiting Americans by Dr. Gustavo Baz, Secretary of Health and Welfare. A meeting of the Mexican Society of Dermatology followed several days later. The following week a special session of the National Academy of Medicine was held in which some of the American physicians participated.

During my stay in Mexico I was able to get in touch with most of the people interested in the social hygiene movement and venereal disease control. I had several confer-

ences with Dr. Juan Soto, who also escorted me through the Morelos Hospital. A visit was made to Dr. Jaime Velarde, who is in charge of the venereal disease control work for Mexico City. His headquarters are in a commodious health center building located at Tolsa 48. I also had an opportunity to meet Dr. Enrique Villela, who is in charge of the Federal Venereal Disease Control Program and Dr. Joseph Spoto of the U. S. Public Health Service. My visit coincided with a special meeting of the National Association of Venereology, a special luncheon meeting to which I had the honor of being invited. All of the gentlemen mentioned above were present at this luncheon, together with Dr. Ramirez Cilly and Dr. Samuel Villadobos, who was the guest of honor at the luncheon on the completion of twenty-five years of service in the social hygiene movement.

I was very pleasantly impressed with the abilities and energies of the leaders of the venereal disease control movement in Mexico, both official and voluntary. Doctors Villela and Spoto have published an excellent manual for the operation of venereal disease dispensaries, while the National Association of Venereology continues to publish the journal called *Mexican Archives of Syphilis, Venereology and Dermatology*."

Pan-American Book Exposition Held in Washington.—Opening on Columbus Day, October 12, and running through the next month, a comprehensive exhibit of books from the other American republics, displayed in the Hall of the Americas, Pan-American Union, Washington, D. C., attracted much attention.

At the invitation of the Union's Columbus Library, publishers throughout the Americas sent works which they believed best to represent their presses and their nation's cultural trend, and a collection of several thousand volumes resulted. These, arranged effectively by Miss Janeiro Brooks, Librarian, and her staff, permitted leisurely inspection by visitors, as well as an opportunity to place orders. A particularly interesting feature was furnished by an array of children's books, which was later augmented and the exhibit period extended. Public health and social hygiene books were well represented, including a recently translated *Life of Josephine Butler*.* Among events occurring in the course of the exposition was a program arranged on the evening of November 1, when an interested group met at the invitation of the Union's Director General, Dr. L. S. Rowe, to hear talks on *Books in Cultural Relations*, by Herschel Brickell, Chief of the American Republics Branch, Division of Cultural

* *Josefina Butler: la Noble Vida de una Mujer*. J. de Mestral. Libreria la Aurora, Buenos Aires.

Cooperation, Department of State, and *Latin American Studies in the United States*, by Dr. Alberto Vasquez, Review and Liaison Officer, Latin American Section D. of S. Division of International Information. On this occasion also George P. Brett, Jr., president of the Macmillan Company of New York, and chairman of the group of publishers who visited Latin American countries a year ago to further publishing cooperation, presented to Dr. Luther Evans, Librarian of Congress, on behalf of Mr. Max Alfaro Southwell, secretary of the Publishers and Printers Association of Lima, Peru, a hand illuminated set of the *Cabildos de Lima*, specially bound for this purpose. Joining in the presentation ceremony were the other members of the Publishers Group, including Burr L. Chase, President, Silver, Burdett Company; Robert F. deGraff, president, Pocket Books, Inc.; Malcolm Johnson, vice-president, D. Van Nostrand Company, and James S. Thompson, president, McGraw-Hill Company.

The Moral and Social Factors of VD Control

"Much that is sometimes attempted in the name of sex education does more harm than good, and yet the dangers of not doing anything at all are probably much greater than the dangers in the mistakes we may make. What frightens me most, as I think on these problems, is not, primarily, the menace, serious as that may be, of venereal disease to public health, since we have the knowledge today from a strictly medical viewpoint of controlling those aspects of the situation. I fear rather what seems to be the disintegration in a large section of our society of any considered understanding of the priority of the family and the home, and of the concept of marriage as a sacrament, not in any mere ecclesiastical sense, but in a deeply religious and spiritual sense; of sex as the means whereby the creative love of God finds its physical and dynamic expression in the rapport of body and spirit."

"I doubt very much if the greatest need of youth is instruction in the biological aspects of sex, although undoubtedly many minds are distorted because of ignorance on one hand or of inadequate knowledge on the other. But if there is a conspiracy of silence in our schools, the tragedy is in the fact that we fail to recognize the importance of preparing the minds of our boys and girls in their tender years for the primary tasks of life, tasks inherent in the marriage relationship, the tasks of fatherhood and motherhood. These, after all, are for most people the dynamic forces of life; even those of us who are growing old and are no longer consumed by the fires of adolescence look back at the tortuous pathway of the years and know that what gave tone to all our living and thinking was the love of our mates and our affection and hopes for our children. There are, of course, some rare souls who, perhaps, can live for all humanity. Most of us, however, find humanity in the intimate circle of our homes, and when, because of the tragic element in life, that circle is broken, it requires a stern effort of an indomitable will to find some new dynamic in the need of our common humanity."

"Let there, however, be no mistake about it, we cannot build up an international organization—a 'United Nations of the World' which will save our civilization, unless the idealism behind it is one designed to convert the jangle of warring races and nationalities into the 'Family of Man' and the 'Household of God.' But we can only seek to extend the idea of family life to the whole world, when, in the intimate experience of our own hearthsides, we know that mutual affection and sacrificial cooperation are the answer to our problems. Our task, the greatest task of our day, is the rehabilitation of the home, the restoration of the loving authority of parents in an atmosphere of 'perfect freedom.' This, of course, is difficult to achieve, and it will only be attained in an atmosphere of mutual respect and affection where both elders and youth, parents and children, are more seized of their responsibilities than insistent on their rights."

From an address given at the 26th annual meeting of the Health League of Canada, October 29-31, 1945, in Toronto, by the Rev. C. E. Silcox, M.A., D.D.

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

HEALTH EDUCATION IS MOST IMPORTANT INGREDIENT

Recent experience in field work points definitely to the fact that the greatest problem in the health education program today, as always, is that of putting it across to the people who need it most. To get the existing literature read and the movies seen, rather than to improve their quality, is the job of the moment. It's a hard job, and the results are difficult to measure, but we have to keep pounding away at it, if we are to make the hard work that has gone into writing and producing our materials count for what it should.

A START

In the November issue of the JOURNAL the Association's new publication, *You and Your Health*, and the hopes we have for it, were described in detail. As pointed out, this four-page tabloid newspaper has the popular visual and colloquial qualities to make it acceptable to a wide employee audience. Distribution was planned as a joint project, simply set up, to be carried on in cooperation by health departments, social hygiene societies and employee organizations.

With the publication produced and pronounced good, and with a working plan for distribution agreed upon, now comes the real task—that of actually getting *You and Your Health* out to the audience for which it is intended—the promotion, organization, or “followup,” if you prefer that term.

We went about this in two ways—by mail and by sole-leather.

The mail project was arranged as a double simultaneous approach which emphasized the joint interest of the U. S. Public Health Service and the Association in industrial cooperation. A letter from Surgeon General Thomas Parran to district, state and local health directors and venereal disease control officers urged the development of joint programs with local labor leaders, while a letter from the Association to 3,500 local labor leaders suggested a call on the health officer and arrangements for joint sponsorship of distribution of *You and Your Health*. Both these communications enclosed the tabloid. An added attraction was a reproduction of a *Social Hygiene Citation*, designed for presentation to labor groups “for meritorious and effective participation in an educational and control program in industry.”

A good many requests and inquiries have been coming into the Association's headquarters in response to these communications.

The sole-leather approach recently took the writer on a trip through the South and Middle West for personal discussion of the project. So far thirteen state and city health departments, as well as trade union bodies and farmers' and business men's groups have had *You and Your Health* presented to them on their home grounds. In every locality visited the health departments have readily agreed to take the tabloid in quantity, and the labor and business groups have said they would cooperate in its distribution.

The resulting figures, for what they are worth, are impressive:

Chicago, 200,000 copies for distribution through the AFL
Atlanta, 100,000 copies for trade union members
Birmingham, 110,000
Fort Wayne, 80,000
The Tri-cities (Davenport, Iowa, and Rock Island and Moline, Illinois),
40,000
New Orleans, 80,000
St. Louis, 150,000
New York City, for AFL members alone, 400,000

In the State of Iowa, population largely rural and the labor movement small, the State Health Department plans an edition of 300,000 of *You and Your Health*, specially prepared for citizens in general, to be distributed through the Farm Bureau, the Grange, the Farmers' Union, the trade unions, Negro organizations, and Chambers of Commerce. Texas and Oklahoma each plan similar issues of 100,000 for state-wide distribution through various organizations. For the City of San Antonio a special edition of 100,000 has already been delivered for mass distribution during that city's Blood Testing Campaign from February 1 to 28.

DON'T COUNT YOUR CHICKENS

At this point after adding up the "orders" it would be pleasant to lean back and say complacently that more than a million and a half copies of *You and Your Health* are definitely going to reach that many individuals in the United States within the next few months. But this job of reaching the ultimate consumer is not too easy as that. Health departments, even with the best of intentions, may say "yes" and then be delayed about the organizational tasks which are necessary before an edition of *You and Your Health*, suitable to their special needs (the tabloid is adapted in each case to meet the particular interests and situation of the groups which will receive it) can be given to the printer and assured of an effective distribution. More followup, first hand visits and general assistance will have to take place in some cases, before the project actually is in the works. Also, as more communities come through, others will be stimulated to follow the good example. But never for a moment, if *You and Your Health* is to have the widespread influence we believe it merits, must we forget that a piece of literature designed for health education is worth nothing until it is in the hands of those intended to profit by it, and is read—and re-read—by them.

Further effort by the sole-leather approach is indicated, of which more next month.

YOUTH NOTES

WOMEN'S CLUBS HOLD YOUTH CONSERVATION CONFERENCE

The Youth Conservation program of the General Federation of Women's Clubs received new impetus through a Conference held at the Hotel Statler, Washington, D. C., on November 30 and December 1, coincident with a meeting of the Federation's Board of Directors.* Several hundred delegates, representing state federations and national Federation committees, with invited guests, joined in the events on Youth Conservation Day, November 30, and heard an outstanding group of speakers and discussants deal with various aspects of youth's relation to the world today. The program follows:

Morning Session

Presiding: Mrs. LaFell Dickinson, Federation President, and Judge Anna M. Kross, Chairman, Youth Conservation Committee.

Speakers: *An Approach to Youth Conservation*, Eduard C. Lindeman, Chairman, Youth Conservation Planning Board, Professor of Social Work, New York School of Social Work;

Resources for Youth Conservation: Governmental Agencies, the Honorable Chase Going Woodhouse, U. S. Representative, Connecticut; Private Organizations, G. Howland Shaw, former Assistant Secretary of State.

Youth Forum (a radio broadcast): Introduction, Mrs. Wales Latham, New York Times; Moderator, Mrs. Dorothy Gordon, New York Times; Panel Discussion, High School Students of Washington, D. C., with audience participation.

Afternoon Session

Presiding: Mrs. J. L. Blair Buck, 1st vice-president.

Speakers: *Business' Responsibility to Youth—Job Seekers, Job Holders.* C. Scott Fletcher, Director, Committee on Economic Development;

Education, Citizenship and Family Life. Lawrence K. Frank, Associate Director, Institute of Human Development;

Health, Recreation and Vocational Guidance, Dr. Esther Lloyd-Jones, Professor of Education and Counseling, Teachers College, Columbia University.

Evening Session—Youth Conservation Dinner

Presiding: Mrs. Dickinson.

Speakers: Dr. Howard Y. McClusky, Professor of Adult Education, University of Michigan, Member, Youth Conservation Planning Board.

Honorable Harry F. Kelly, Governor of Michigan, Member, Youth Conservation National Advisory Board.

* For report on business of concern to social hygiene, transacted at this meeting see *National Events* in this issue.

Teen-agers Are Not Infants. Shirley Temple.

Radio Broadcast—*Youth in the Atomic Age.* Judge Kross, Federal Security Administrator Watson B. Miller, Surgeon General Thomas Parran.

A panel discussion with representatives of some 16 Federation committees on different subjects participating, and a discussion of activities of the National Youth Conservation Clearing House, by Mary Leeper, Executive Secretary of the Association for Childhood Education, closed the program on the second day, December 1.

Representing the ASHA at the Conference were Mrs. Robert N. Tuller, Mrs. James W. Sever and Miss Jean B. Pinney.

YOUTH AND RELIGION IN CANADA

Three years ago a group of representative Canadians—educators, employers, labor leaders, professional men and women, administrators—joined in setting up the Canadian Youth Commission. Initiated by the Dominion Offices YMCA, the Commission later became a private independent body, whose object is to report on conditions under which Canada finds itself, youth's ideas, needs and hopes, and in some fields to make general recommendations of means to meet youth's desires and needs. Seven reports are forthcoming, on *Education, Employment, Citizenship, Health, Family Living, Recreation and Life Philosophy*. Already published is the Commission's report on *Religion in the Life of Canadian Youth*, which is analyzed in the November 2, 1945, *Bulletin* of the Council for Social Service, Church of England in Canada, by Dr. A. Harding Priest, Associate Secretary of the Church's General Board of Religious Education.

In summary Dr. Priest's analysis concludes that young Canadians by their own standards are not irreligious (age group interviewed was 15-24, including chiefly English-speaking Canadians, with some French. Denominations reflected the Commission's membership, which includes Roman Catholics, Anglicans, Protestants and Jews.) "They seek for a motive beyond their own interests as a guiding force in life. They place great emphasis on a social gospel. . . ." An excerpt from his summary under the heading *Youth on the Right and Wrong*, is of special interest: "In sex matters a categorical 'no' was registered against any approval of extra-

marital intercourse, but those who approve of kissing and 'necking' out-number the others two to one. . . . Whereas the men approve of moderate indulgence in kissing and 'necking' by well over this ratio, the girls who feel the same hardly outnumber those who disagree. The function of the Church as an agent of moral instruction and sex education is recognized, the following recommendation from the Maritimes being typical of many: 'The Church should assume responsibility for sex education, particularly regarding problems that could be discussed by some competent person in a pre-marriage relation course.' "

(Copies of this issue of *The Bulletin* may be secured for 2 cents each from the Council of Social Service at 604 Jarvis Street, Toronto. The full report may be secured for \$1.00 per copy from the GBRE Supplies Department, same address, or from the publishers, the Ryerson Press, 299 Queen Street West, Toronto.)

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS AND REPORTS

Annual and Special Reports

- DOORWAYS TO RELIGION IN FAMILY LIVING, A Consultants' Report, The Woman's Foundation, 10 East Fortieth Street, New York City. 32 pages.
- IMPROVED FAMILY LIVING THROUGH IMPROVED HOUSING, A Consultants' Report, The Woman's Foundation, 10 East Fortieth Street, New York City. 28 pages.
- MAKING HEALTH VISIBLE, November 1945. Published by the Board of Trustees of Cleveland Health Museum as an informal report on nine years of progress toward "Health Through Knowledge." 32 pages.
- MEDICAL JOURNAL OF AUSTRALIA (Sydney), September 1, 1945. *The Eighth Interim Report of the Parliamentary Joint Committee on Social Security.*
- OUR SCHOOLS, Annual Report of the Profession to the Public by Dr. Willard E. Givens, Executive Secretary, National Education Association of the United States, Washington, D. C. 1945. 19 pages.
- PUBLIC HEALTH REPORTS, November 2, 1945. *Joint Report on Proposals for a National Research Foundation.*
- PUBLIC HEALTH REPORTS, U. S. Public Health Service, November 30, 1945. *Five-point National Health Program Proposed by President Truman.*
- RECREATION—A NATIONAL ECONOMIC ASSET, Federal Security Agency, Office of Community War Services, Division of Recreation, Washington, D. C. 23 pages.

Pamphlets and Leaflets for the General Public

- THE AMERICAN FORUM OF THE AIR. A radio broadcast. *Are We Facing a Moral Breakdown in America?*, Mrs. Horace B. Ritchie, Mrs. Eleanor Fowler, Mrs. Evelyn Millis Duvall, Mrs. Bess N. Rosa, November 13, 1945. Printed by Ransdell, Inc., 810 Rhode Island Ave., N. E., Washington 18, D. C. 14 pages.
- BUILDING YOUR MARRIAGE, Evelyn Millis Duvall. Public Affairs Pamphlet No. 113. Public Affairs Committee, 30 Rockefeller Plaza, New York 20, N. Y. 31 pages, 10 cents.
- DO YOU WANT TO BE HAPPY AND FREE?, Willard Johnson. Published by the National Conference of Christians and Jews, 381 4th Avenue, New York City 16.
- TAKING STOCK OF THE COMMUNITY, Extension Division Publication, New Dominion Series, January 1, 1946, Charlottesville, Virginia.
- WE CAN HAVE BETTER SCHOOLS, Maxwell S. Stewart, Public Affairs Pamphlet No. 112; Public Affairs Committee, 30 Rockefeller Plaza, New York 20, New York. 31 pages, 10 cents.

Pamphlets for Professional Workers

- EXPERIMENT WITH PRINCIPALS, Extension Division Publication, New Dominion Series, December 1, 1945. Charlottesville, Virginia.
- SYNOPSIS, Family Health Series, Guide for Public Health Nurses No. 2. Community Service Society, Department of Educational Nursing, 100 East 22nd Street, New York 10, N. Y. Revised edition January 1946. 15 pages.

IN THE PERIODICALS

Of General Interest

- AMERICAN JOURNAL OF PUBLIC HEALTH, November 1945. *The Health Officer and His Personnel*, William P. Shepard, M.D.
- On Making Public Health Positions More Attractive, Joseph W. Mountin, M.D.
- CHILD WELFARE INFORMATION SERVICE BULLETIN, November 23, 1945. *President's Message to Congress on National Health Program*.
- LIBERTY, December 8, 1945. *New Life for the Oldest Profession?*, Amram Scheinfeld.
- LOOK, November 13, 1945. *Do We Face a Venereal Disease Epidemic?*, Sydney Shalett.
- MEDICAL ANNALS OF THE DISTRICT OF COLUMBIA, November 1945. *Education of Tomorrow's Physician*, Editorial by Dr. Donal Sheehan.
- MEDICAL WOMAN'S JOURNAL, October 1945. *Nursing in Inter-American Health Work*, Dr. J. W. Mackie.

Sex Education, Marriage and Family Relations

- HEALTH EDUCATION JOURNAL (London), October 1945. *The Sex Problem—Some Social and Psychological Factors*, Mary Macaulay.
- JOURNAL OF HOME ECONOMICS, November 1945. *Campus Values in Mate Selection*, Reuben Hill.
- THE JOURNAL OF THE NATIONAL EDUCATION ASSOCIATION, December 1945. *Sex Education, Whose Job Is It?*, Ione E. Wilshin.
- MARRIAGE AND FAMILY LIVING, Autumn 1945. *Current Trends in Counseling; A Symposium: Counseling With the Returned Serviceman and His Wife*, C. R. Rogers; *Methods for Effective Counseling*, R. L. Dicks; *Counseling in the Premarital Interview*, S. B. Wortis, M.D.
- Unemployment and the Family*, Dr. E. W. Burgess.
- NATIONAL PARENT-TEACHER, December 1945. *The Family Builds the Future*, Ralph H. Ojemann.
- PARENTS' MAGAZINE, October 1945. *Sex Education by Book*, Gilbert Appelhof, Jr.
- SCHOOL AND SOCIETY (New York), December 1945. *Sex Education in Schools and Youth Clubs in Britain*, R. Weatherall.

Health Education

- ALASKA'S HEALTH, Department of Health, Juneau, October 1945. *The Mobile Health Unit's Season*, Dr. A. P. Kent.
- AMERICAN JOURNAL OF PUBLIC HEALTH, November 1945. *Health Education in Hospitals and Out-patient Departments*, Henriette Strauss.
- December 1945. *Problems of Health Education in Latin-America*, Dr. German Castillo.
- CALIFORNIA'S HEALTH, September 15 and 30, 1945. *Suggested Educational Program to Accompany School Health Services*.
- CANADA'S HEALTH AND WELFARE, November 1945. *Filmstrips Aid Health Education*, Lionel Reid.
- CLEVELAND VD INFORMATION, September 1945. *Social Hygiene in the Cleveland Public Schools*, Arthur O. Baker.
- November 1945. *Pharmacists Cooperate in Venereal Disease Control Program*, Harry G. Baskind, Joseph T. Matowsek.
- HEALTH BULLETIN, North Carolina State Board of Health, November 1945. *A Functional College Health Program*, Walter J. Hughes, M.D.
- HEALTH EDUCATION JOURNAL (London), October 1945. *Health Education in General Practice*, Dr. M. B. Milner.
- HYGEIA (Chicago), December 1945. *How to Improve Health Teaching*, J. J. Schiffrers.
- JOURNAL OF HEALTH AND PHYSICAL EDUCATION, November 1945. *Standards in Physical Education*, A. P. Sperling.

- THE JOURNAL OF VENEREAL DISEASE INFORMATION, December 1945. *U. S. Public Health Service Advisory Committee on Public Education for the Prevention of Venereal Diseases—Report to the Surgeon General*, H. H. Hazen.
- PUBLIC HEALTH REPORTS, November 23, 1945. *Health Education in the Public Health Program*, Dr. Mayhew Derryberry.
- RESEARCH QUARTERLY, American Association for Health, Physical Education and Recreation, October 1945. *Reading Difficulty Differences of Health Knowledge Tests*, Dr. W. W. Patty.
- SCHOOL LIFE, U. S. Office of Education, November 1946. *Health Needs of School-Age Children and Recommendations for Implementation*.
- UROLOGIC AND CUTANEOUS REVIEW (Florida), October 1945. *Visual Aids in Education as to Venereal Diseases*, Dr. Herman Goodman.

Youth in the World Today

- PARENTS' MAGAZINE, November 1945. *Welcome Policewoman!*, Miriam Borge-nicht.
- THE JOURNAL OF THE NATIONAL EDUCATION ASSOCIATION, November 1945. *The All-Youth Program at Taft*, E. M. Johnston and Kenneth C. Skeen.
- SOCIAL SERVICE REVIEW, September 1945. *Treatment of Juvenile Delinquents*, Dr. H. S. Lippman.
- TODAY'S YOUTH, Quarterly Review of Youth Problems as Reflected in Current Literature, December 1945. Rotary International, 35 East Wacker Drive, Chicago, Illinois.

Industrial Problems

- CALIFORNIA'S HEALTH, October 15 and 31, 1945. *Los Angeles Industrial Health Program Praised by U. S. Chamber of Commerce*.
- CLEVELAND VD INFORMATION, October 20, 1945. *What Is Cleveland Industry Doing?*
- Venereal Disease Control in Industry*, Herbert G. Dykton.

Legislation Law Enforcement and Social Protection

- CONNECTICUT HEALTH BULLETIN, December 1945. *Courts Cooperate in Controlling Venereal Disease*, Henry P. Talbot, M.D., M.P.H.
- HEALTH, November 1945 (The Health League of Canada). *Moral and Social Factors in VD Control*, Rev. Dr. C. E. Silcox.
- JOURNAL OF HOME ECONOMICS, October 1945. *The Home Economist in Social Welfare Work*, Cornelia Dunphy.
- PROBATION, National Probation Association, October 1945. *The Contribution of Policewomen to Law Enforcement*, Imra Buwalda.

Public Health and Medical

- AMERICAN JOURNAL OF PUBLIC HEALTH, November 1945. *A Comprehensive Training Program for Public Health Personnel*, George St. J. Perrott.
- THE BULLETIN OF THE U. S. ARMY MEDICAL DEPARTMENT, November 1945. *The Venereal Disease Control Interview*, Major Earl C. Van Horn and Staff Sergeant Orland L. Sawey.
- December 1945. *Useful Procedures in the Diagnosis of Syphilis*, Major Ray C. Atkinson and Lieutenant John deR. Slade.
- Venereal Disease Rates*.
- THE BULLETIN OF VENEREAL DISEASE CONTROL, Department of Health, Ontario, December 1945. *Diagnostic Aids in Syphilis*, John A. Leroux, M.D.
- HEALTH NEWS (New York State Department of Health), November 1945. *The Increased Spread of Venereal Disease*, Dr. J. H. Lade.
- HYGEIA (Chicago), December 1945. *Penicillin for Venereal Diseases*, Dr. Morris Fishbein.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, December 1, 1945. *Diagnosis of Chancroid*, Dr. Albert Heyman, Dr. Paul B. Beeson and Dr. Walter H. Sheldon.

- December 29, 1945. *The Treatment of Early Syphilis With Penicillin*, Major William Leifer.
- JOURNAL OF LABORATORY AND CLINICAL MEDICINE (St. Louis), September 1945. *Oral Penicillin in the Treatment of Gonorrhea*, Dr. A. H. Free and Others.
- JOURNAL OF VENEREAL DISEASE INFORMATION, November 1945. *The Treatment of Gonorrhea With Penicillin During the Incubation Period on Early Phase of Syphilis*, Dr. A. E. Walker and Dr. R. L. Barton.
- December 1945. *Syphilis Among Civilians During World War II, January 1, 1942 through June 30, 1943*, Lida J. Usilton, M.A.
- MODERN HOSPITAL (Chicago), November 1945. *Group Medicine; A Discussion of the Economics of Medical Care*.

Postwar Problems and Plans

- THE JOURNAL OF HEALTH AND PHYSICAL EDUCATION, November 1945. *Postwar Trends in Physical Education Programs*, Robert J. H. Kiphuth, T. Erwin Blesh, and Oscar W. Kiphuth.
- MARRIAGE AND FAMILY LIVING, Autumn 1945. *The New Family in the Postwar World*, Grace Reeves.
- SCHOOL LIFE, U. S. Office of Education, November 1945. *Preparing Teachers and Leaders for Education of Veterans*.
- WISCONSIN MEDICAL JOURNAL, November 1945. "Human Rehabilitation," Dr. H. A. Vonachen.

ANNOUNCEMENTS

Last Month.—Two popular reprints from the JOURNAL'S *Social Hygiene Day Number* are Dr. Clarke's *Penicillin—Help or Hindrance in Venereal Disease Control*, (Pub. No. A-613) and Howard Ennes' *Memorandum on the Urgency of Putting into High Gear a Program of Social Hygiene Education for Military and Home-front Veterans*. This is Pub. No. A-614, the title *Time Is Short to Meet Our Obligations*. 10 cents.

From the December News.—Dr. Wilbur's presidential message, *Social Hygiene in Relation to the Future of the Family*, has been reprinted by a number of other publications and is available from the ASHA Publications Service in folder form. (See also December JOURNAL.)

A Memo from Dr. Snow.—A new edition, Dr. Snow's clear and helpful analysis of *Police and Health Department Functions in Repression of Prostitution and Control of the Venereal Diseases*, is now available. (Pub. No. A-630.)

"Making Marriages Last."—Ray Everett asks "why do some marriages click and others go haywire?" and looks over marital hazards and their components in a brief popular-style statement which is being widely acclaimed. Many requests from outside Washington led to an ASHA edition for nation-wide needs. Pub. No. A-615, 5¢ per copy; 50¢ per dozen; \$2.50 per 100.

"Dating Do's and Don'ts."—Girls liked the advice given them on dating by Dr. Anna O. Stephens, Health Service physician at Penn State College, so the ASHA Publications Service has put her "do's and don'ts" into folder form with pictures and a brief reading list. Pub. No. A-644, 5¢ each; 50¢ per dozen; \$3.00 per 100.

See Here, Private Citizen.—"This is your town!" says a new ASHA folder, and asks *What about health? What about homes? What about your town generally? Its future is up to you.* Pub. No. A-645. 2.50 per 100. For mailings or meetings.

For these and other publications address

The Publications Service, American Social Hygiene Association
1790 Broadway, New York 19, N. Y.

Journal of Social Hygiene

Social Protection at Home and Abroad

CONTENTS

Editorials:

Salute to Hawaii!.....	William F. Snow	65
Army and Navy vs. Prostitution.....		66
Fighting "Sin in Paradise".....	Ferris F. Laune	67
No Red Light District in Manila.....		76
The Honolulu Myth.....	Samuel D. Allison	77
Paris Moves to Close Brothels.....		81
The Navy Provides Social Protection for Servicemen in Japan.....		82
Social Protection Needs in Peacetime: Current Legislation.....		90
The Threatened Return of Commercialized Prostitution (chart).....		99
National Events.....	Reba Rayburn	100
News from the States and Communities.....	Eleanor Shenehon	105
News from Other Countries.....	Jean B. Pinney	111
Notes on Industrial Cooperation.....	Percy Shostac	115
Youth Notes.....		118
Publications Received.....		122

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NO. 2

Social Protection at Home and Abroad

EDITORIAL

SALUTE TO HAWAII!

Can a community in which commercialized prostitution has been tolerated for years—openly regulated by the police, ignored by the public, and producing huge incomes for the profiteers—really crack down on this “business,” with any hope of lasting success? Before 1944, most residents of the City of Honolulu, Territory of Hawaii, would have said, “No.” Even if they had considered such action practicable, it was generally believed by military authorities and citizens alike that closing the brothels would result in more venereal disease, a wave of sex crimes throughout the area, and general lawlessness. Their previous experience seemed to many a justification of such belief. Yet, in 1946, Honolulu is an outstanding example of a community which closed down its prostitution district, as a wartime measure for protection of military and civilian manpower, and likes the results so well that it means to keep things that way. VD, Honolulu finds, has decreased rather than increased under the repression plan. The same is true of sex crimes. Summing it up, as one of the writers in this number of the JOURNAL says, “In Hawaii—regulation was tried—and failed. Repression was tried—and is working.”

The articles by Dr. Allison and Mr. Laune are presented here as an account of a practical demonstration in community planning and action against an enemy of community health and welfare. They indicate what can be accomplished to improve environmental conditions, safeguard youth, reduce disease and promote education and family welfare, when once the public understands and determines to join with its voluntary and official agencies in an all-out effort.

Most important in this story, the editors think, is the incident which caused the community, after years of accepting regulated prostitution as the best way of dealing with a bad business, finally to rise against this evil. What really touched off the campaign was a visit of the Citizens' Committee to the "district" to see for themselves how young boys were being "educated" in the trade of attracting and soliciting soldiers and sailors for the business of prostitution.

Few communities in the United States have had more to overcome than did Honolulu when she made up her mind to be done with commercialized prostitution. No community has done a more thorough, stick-to-it job of social protection. Many towns now confronting the problem of how to hold wartime gains against prostitution will take courage and inspiration from Honolulu's example.

Salute to Hawaii, to Hawaii's leaders, and to her people, in this fine achievement!

WILLIAM F. SNOW, M.D.

ARMY AND NAVY VS. PROSTITUTION

The "best traditions of the service" are again upheld in the various statements, orders and letters of Secretary Forrestal, Admiral Nimitz and other Navy officials, and of General Richardson speaking for the Army, in the articles reporting Honolulu's campaign against prostitution, and the steps taken in Japan to protect servicemen's health and morale. Since these were put into type word has come of another directive on this subject from Admiral Nimitz to "all ships and stations," and of conferences among Army officials leading to similar orders and regulations. Information concerning these latter will appear in future issues of the JOURNAL.

FIGHTING "SIN IN PARADISE"

FERRIS F. LAUNE, PH.D.

Secretary, Honolulu Council of Social Agencies

For some years before the attack on Pearl Harbor, a system of "controlled" commercial prostitution was operating in Honolulu. Although sporadic protests were made regarding this situation, in general the people of Honolulu seemed to feel that there was no better solution to the age-old problem. Police acquiescence in the maintenance of houses of prostitution was open and above board. In fact the houses operated under strict rules and regulations formulated by the Chief of Police, himself. There was no evidence of graft and it was generally believed that the very openness of the arrangement was a guarantee that tolerance was not based on bribery and corruption.

Shortly after the outbreak of war in 1941, there seemed to be an increasing demand for prostitutes. Even though travel from the mainland was rigidly restricted, it was commonly rumored that approval of the military authorities was given to the bringing in of prostitutes, ostensibly as entertainers or as essential war workers. In 1943-44 there were approximately 250 women registered with the Honolulu Police Department as prostitutes in the City of Honolulu. They operated in about 20 to 25 houses at "authorized" rates of \$3.00 and \$5.00 for three minutes. Most of the houses operated officially from 8 A.M. until noon. On any morning one could see long lines of men, mostly servicemen, waiting their turn in lines extending into the streets and alleys. During the summer school vacation the vicinity of these houses was a favorite spot for many young boys from 10 to 15 years old to hang out with their shoe shine boxes, "kidding" with the soldiers and sailors in line about their prospective experiences. At numerous locations about town the familiar sign *Prophylactic Station* could be seen and many thousand prophylactic treatments were given each month by Army and Navy.

The situation even attracted national attention, to the extent that an article describing it appeared under the heading, *Sin in Paradise* in *Time Magazine*. Honolulu was acquiring a national reputation, not for its wonderful climate, its beautiful Waikiki Beach, or its hula girls, but for its River Street and its houses of prostitution.

During September 1943, two meetings were called by the Territorial Office of Community War Services of the Federal Security Agency, as a result of inquiries as to what that office was doing or could do in the field of social protection. As a result of these meetings the Honolulu Council of Social Agencies was asked to

follow up the matter, giving consideration to both study and action. The Council appointed a committee on Social Protection to carry on the Council's program. Attempts were made by the Committee to get the Federal Security Agency to send out a specialist to help the community plan for a campaign to rid the community of the commercial houses and to advise on methods of general repression, but this specialist never did arrive.

The Social Protection Committee determined to acquaint the community with the actual conditions in Honolulu, the objective being to develop a movement for prostitution repression. At the suggestion of the Committee, the Governor proclaimed February 2, 1944 as *Social Hygiene Day*. A social hygiene conference was arranged for that date with the discussion centering on *Juvenile Delinquency* and *Youth Problems*. This conference brought out the fact that there was considerable community interest in the whole question of commercialized prostitution. As a result the Committee spent some time collecting data on the local situation and in August a report was issued setting forth the facts that had been discovered. Along with this report was a map showing the residences of known prostitutes. This and other evidence showed clearly that while supposedly, under the current system, concentrated in one district, in reality prostitution was scattered over the whole city, and that it was impossible to confine it to limited areas. Considerable publicity resulted from this report and it became evident that there was growing sentiment that the laws against prostitution should be enforced.

There was, however, a general impression in the community that regulated prostitution in the community was approved by the Army and Naval authorities as a necessary service to the members of the armed forces. It was said that closing the houses would lower the morale of our fighting men and many prominent persons advised "hands off." Hawaii had been under military government since the outbreak of war and civilian authorities were reluctant to take any independent action.

The Committee was convinced, however, that the widespread prostitution was having just the opposite effect on military morale, and determined to ascertain the actual attitude of the military and naval authorities on the subject. Letters requesting their opinions were sent to Lt. General Robert C. Richardson, Jr., Commanding General, CPBC; to Admiral Chester W. Nimitz, Commander in Chief, U. S. Pacific Fleet and Pacific Ocean Areas; and to Vice-Admiral Robert L. Ghormely, Commandant 14th Naval District. Replies were received assuring the Council of the fullest cooperation of both the Army and the Navy in the enforcement of the law. This information was communicated to Governor Ingram M. Stainback, who immediately ordered the Honolulu Police Commission to take steps to close the known houses of prostitution and to enforce the laws against any and all prostitution. The next day the twenty "authorized" houses were closed and have remained closed up to this time.

One of the reasons that the community was so complacent about tolerating this vice was because the impression had been cultivated that unless prostitution was permitted the community would be infested with sex crimes and that boys deprived of sexual indulgence would engage in wanton rape of innocent women and girls. Actual results of Honolulu's program of repression were just the opposite as shown by the following figures:

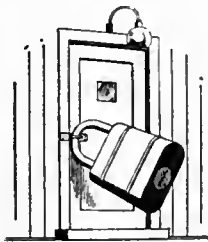
For the 11 months' period immediately following the closing of the houses of prostitution on September 21, 1944, compared with the 11 months' period immediately preceding, the following decreases were noted according to statistics furnished by the Honolulu Police Department and Territorial Board of Health:

- 24 per cent decrease in rape cases
- 28 per cent decrease in all other sex crimes (except prostitution)
- 37 per cent decrease in gonorrhea cases
- 43 per cent decrease in syphilis cases (primary and secondary)

On September 21, 1945, one year after the closing of the houses, the Council sponsored a half page advertisement in each of the two daily papers, informing the public of these favorable results.

Honolulu Star-Bulletin, Friday, Sept. 21, 1945—3

ONE YEAR AFTER

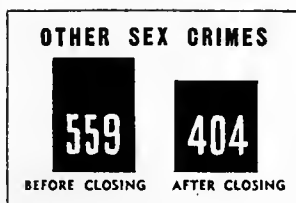
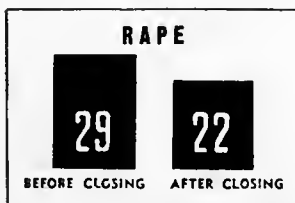


A year ago today, the houses of prostitution on Oahu were closed by the Police Department as directed by Governor Stainback.

So that the public may be informed, we are presenting statistics to show what closing the "houses" has meant in terms of sex crimes and venereal disease cases.

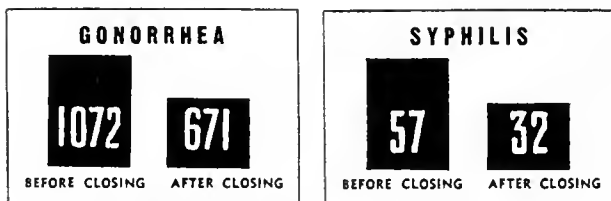
SEX CRIMES HAVE DECREASED

Police Department figures for Oahu for the 11 months prior to and the same period following the closing of the bawdy houses reveal there were 29 Rape cases during the period before the "houses" were closed against 22 Rape cases afterwards. They also show in the Adultery and Fornication classification, including all other sex crimes excepting prostitution, that there were 559 crimes for the 11 months before the closing and 404 after.

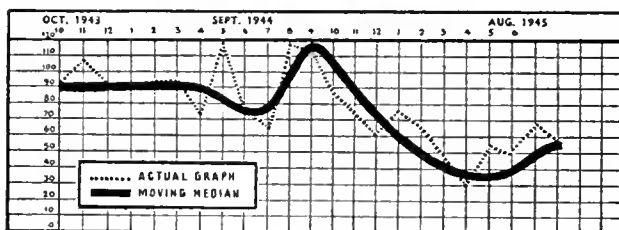


VENEREAL DISEASE HAS DECREASED

Board of Health reports for the 11 months periods before and after the closing of the "houses" disclose there were 1072 cases of gonorrhea reported acquired on Oahu for the period before and 671 for the period after closing of the houses of prostitution; and that there were 57 cases of (primary and secondary) syphilis reported acquired here preceding closing against 32 afterwards.



The Venereal Disease drop commenced immediately after the Closing of the Houses



The Social Protection Committee of the Honolulu Council of Social Agencies believes the closing of the houses of prostitution on Oahu has been of real value to the community. The reduction in sex crimes and venereal disease cases are concrete gains. Our community has also benefited among other ways by removal of conditions fostering juvenile delinquency giving us a better place in which to raise our children. The gains made must not be swept away. To preserve this progress the community must support the vigorous repression of prostitution in all forms.

(Statistics presented through the courtesy of the Honolulu Police Department and the Territorial Board of Health.)

THE SOCIAL PROTECTION COMMITTEE of the HONOLULU COUNCIL OF SOCIAL AGENCIES

Prostitution in Honolulu was a big business. The estimated gross income from the houses was between ten and 15 million dollars per year, about equal to the prewar tourist trade. The girls averaged around \$25,000 per year and the madams about \$150,000 per year. It is too much to expect those who were taking in this vast profit to quietly give up without a fight.

The Social Protection Committee therefore realizes that the fight is not won. In fact, it is probable that it has not yet really started. There are indications that the prostitution interests are watchfully waiting until the community's guard is down when they will attempt to move in again on this vastly profitable economic prey.

There are rumblings that this movement is already being planned. It is reported that some of the former madams have returned to Honolulu. The word has been passed out among Coast prostitutes that they should be ready soon to return for the profuse pickings in Honolulu. Police activity against promiscuous prostitution in the neighborhoods is not as energetic as the Committee would like it to be, and there may be a deliberate attempt to allow promiscuous prostitution to get so bad in the better residential sections that the residents will demand that a segregated district be established.

The Committee proposes to remain vigilant—to keep civic bodies aware of the situation and developments, and to oppose all efforts to reestablish "controlled" prostitution.

RESOLUTION ADOPTED BY THE EXECUTIVE COMMITTEE OF THE
HONOLULU COUNCIL OF SOCIAL AGENCIES, JULY 12, 1945

WHEREAS: The Governor of the Territory of Hawaii, in September 1944, directed the Honolulu Police to make every effort possible to suppress commercialized prostitution; and

WHEREAS: The Police of Honolulu did, on September 21, 1944, close houses of prostitution and have since that time attempted to enforce the laws of the Territory against prostitution; and

WHEREAS: The records of the Honolulu Police Department show that since the program of repression was instituted there has been a significant decrease in sexual crimes of all types, and the records of the Division of Venereal Disease control of the Board of Health show a material reduction in venereal disease;

THEREFORE BE IT RESOLVED: That the Executive Committee of the Honolulu Council of Social Agencies, endorses the program of repression of prostitution on Oahu, and favors the continued and vigorous efforts of the law enforcement agencies.

AN EXCHANGE OF CORRESPONDENCE

August 25, 1945

Lt. General Robert C. Richardson, Jr.
Commanding General, U. S. Army Forces
Pacific Ocean Areas
Iolani Palace Grounds
Honolulu, T. H.

Dear General Richardson:

The Social Protection Committee of the Honolulu Council of Social Agencies has been collecting some basic information about

prostitution in Honolulu which is submitted to you in the attached report. Local citizens are now raising the question as to the attitude of the Army regarding this problem. Many people in this community are very much concerned about our red light district and the spread of prostitution throughout the city and desire to make every effort to remedy this situation.

There is general opinion that the Army and Navy favor open houses of prostitution in Honolulu with control by the Police Commission and the military authorities, yet there has been no direct expression of opinion from our military authorities. An expression of your attitude would aid materially in our consideration of this problem and be extremely helpful in developing the community thought at this time.

Very truly yours,

(Signed) FERRIS F. LAUNE,

Secretary

FFL:es

August 25, 1944

Admiral Chester W. Nimitz

Commander in Chief

U. S. Pacific Fleet & Pacific Ocean Areas

Pearl Harbor, T. H.

Dear Admiral Nimitz:

The Social Protection Committee of the Honolulu Council of Social Agencies has been collecting some basic information about prostitution in Honolulu which is submitted to you in the attached report. Local citizens are now raising the question as to the attitude of the Navy regarding this problem. Many people in this community are very much concerned about our red light district and the spread of prostitution throughout the city and desire to make every effort to remedy this situation.

There is a general opinion that the Army and Navy favor open houses of prostitution in Honolulu with control by the Police Commission and the military authorities, yet there has been no direct expression of opinion from our military authorities. An expression of your attitude would aid materially in our consideration of this problem and be extremely helpful in developing the community thought at this time.

Very truly yours,

(Signed) FERRIS F. LAUNE,

Secretary

FFL:es

TERRITORY OF HAWAII
OFFICE OF INTERNAL SECURITY
TERRITORY OF HAWAII
OFFICE OF THE MILITARY GOVERNOR
IOLANI PALACE
HONOLULU, T. H.

4 September 1944

Mr. Ferris F. Laune
Secretary, Honolulu Council of
Social Agencies
516-17 Hawaiian Trust Building
Honolulu 48, Hawaii

Dear Mr. Laune:

I am in receipt of your letter of 25 August 1944 wherein you request an expression of the attitude of the Army here on the subject of prostitution in Honolulu.

In your letter you state that there is a general opinion that "the Army and Navy favor open houses of prostitution in Honolulu with control by the Police Commission and the military authorities." I wish to advise you that such an opinion as concerns the Army is entirely erroneous. On several occasions I have stated the position of the Army on prostitution, namely, that the Army here does not in any way condone prostitution, nor will it assist in the violation of the Territorial law prohibiting prostitution in this community.

I am concerned with anything which affects the efficiency, health, and welfare of the personnel in my command. One of the most important health phases has been the control of venereal diseases. All personnel in my command are instructed periodically on the subject of prostitution by medical officers, chaplains, and commanding officers, and continence is encouraged. The fact that there has been considerable time and money spent by the Army on the control of venereal disease in this community should not be construed as "control" of prostitution or an endorsement by the Army of any form of prostitution.

I recall remarks made in past discussions with local officials to the effect that the existing Territorial laws on prostitution could not be effectively enforced by local law enforcement agencies because of legal technicalities, one of which is the amount of proof required to secure convictions. If this is so, possibly new laws can be designed to make enforcement a practical reality. Certainly prostitution in this community is a reality, and has been for many years, and it is highly desirable that every assistance be given to the local authorities who are charged with law enforcement.

At this writing the venereal rate per thousand amongst the troops stationed here is, I believe, the lowest anywhere in the United

States. This excellent record, in large measure, has been attained through the active cooperation of the local health and police authorities.

Sincerely yours,

(Signed) ROBERT C. RICHARDSON, JR.
Lieutenant General, United States Army
Commanding General, United States Army
Forces, Pacific Ocean Areas

UNITED STATES PACIFIC FLEET
AND PACIFIC OCEAN AREAS
HEADQUARTERS OF THE COMMANDER IN CHIEF

Dear Mr. Laune :

I have read your letter of August 25, 1944, and the enclosure.

Your letter indicates that you feel that an expression of my attitude on the problem of prostitution would aid in your treatment of the problem.

My attitude is one of cooperation in the suppression of prostitution, particularly in any case where the practice adversely affects the efficiency, health and welfare of naval personnel.

War imposes conditions which make this problem an extremely difficult one in any large community such as Honolulu where large numbers of men both in and out of the military services are concentrated.

I wish you success in your attempt to find a solution to the local problem.

Sincerely yours,
(Signed) C. W. NIMITZ

Mr. Ferris F. Laune,
Honolulu Council of Social Agencies,
516-17 Hawaiian Trust Building,
Honolulu 48, Hawaii

September 18, 1944

Vice-Admiral Robert L. Ghormley
Commandant 14th Naval District
Pearl Harbor

Dear Admiral Ghormley :

I am enclosing a copy of a letter recently sent to Admiral Chester Nimitz by the Social Protection Committee of the Honolulu Council of Social Agencies. Although Admiral Nimitz was good enough to reply giving his own opinion on this subject, he has requested that we look to you for an official statement of the attitude of the local Naval authorities toward this problem.

We hear repeatedly, when this problem is being discussed, statements that the Navy is in favor of houses of prostitution being per-

mitted to operate in Honolulu. Because of the intense desire of all to cooperate in every way with the war effort, there is a reluctance to take any action which is contrary to the wishes of military and naval authorities. A statement from you which could be given general circulation, would, therefore, be very helpful to us in determining our program.

Very truly yours,

(Signed) FERRIS F. LAUNE,

Secretary

FFL:es

14TH NAVAL DISTRICT OFFICE OF COMMANDANT
c/o Fleet Post Office
San Francisco, California

P13-6

JHC:ehc

24 September 1944

25914

Honolulu Council of Social Agencies
516-17 Hawaiian Trust Building
Honolulu, T. H.

Gentlemen:

Your letter dated September 18, 1944, addressed to Vice Admiral Robert L. Ghormley, Commandant, Fourteenth Naval District, in which you write of the problem of prostitution in Honolulu, has been referred to me as the acting commandant, for reply.

You state in your letter that statements have been made to the effect that the Navy is in favor of houses of prostitution operating in Honolulu. This is not the fact, nor, so far as I have determined, has any such statement ever been made officially. The Navy Department has directed that local Naval authorities cooperate with the civil authorities in the control of prostitution.

The Commandant of the Fourteenth Naval District is ready to cooperate with the civil authorities in the control of prostitution. I trust that this answers the question posed by your letter and will serve to correct the misinformed who state that the Navy favors prostitution.

Yours truly,

(Signed) WILLIAM R. FURLONG

*Rear Admiral, U. S. Navy
Acting*

September 15, 1944

The Honorable Ingram M. Stainback
Governor of Hawaii
Iolani Palace
Honolulu, Hawaii

Dear Governor Stainback:

Enclosed herewith are copies of letters received from the Commanding Officers of the Military and Naval Forces in this area

indicating their stand on enforcement of the Territorial laws against prostitution in Honolulu.

Since comments are frequently heard to the effect that local civilian authorities are reluctant to enforce the law because of the attitude of the military and naval authorities, we think it is important that you have these statements indicating the army and navy approval of law enforcement in this field.

Sincerely yours,
HONOLULU COUNCIL OF SOCIAL AGENCIES

(Signed) FERRIS F. LAUNE,
Secretary

NO RED LIGHT DISTRICT IN MANILA

From Felipe Arenas, Director, Bureau of Health, Department of Health and Public Welfare, Commonwealth of the Philippines, comes the following interesting and encouraging report on social hygiene conditions in Manila:

"In connection with the attempt on the part of the Philippine Legislature to establish temporarily a red light district in Manila, as an emergency measure to control venereal diseases then rampant during the concentration of American armed forces, I am pleased to inform you that this attempt has been frustrated by the vigorous objection on the part of the public and by this Bureau. In lieu of this, the Legislature has set aside 200,000 pesos (\$100,000) for the purpose of combating the diseases. With the amount set aside as mentioned above, the Bureau has already established five social hygiene hospitals and four social hygiene clinics in places where there are concentrations of armed forces. The activities of the anti-venereal agencies for the last quarter of 1945 may be seen in the attached table. (The totals of this table show for these three months 24,385 examinations for venereal diseases in the nine hospitals and clinics; cases of gonorrhea discovered, 2,625; cases of syphilis discovered, 2,144; chaneroid, 125. EDITOR) "I feel certain that no legislation attempting to legalize prostitution in the Philippines will ever meet with success."

Mr. Arenas' letter was written in response to communications addressed by an Association staff member to Dr. Jose C. Locsin, Philippine Secretary of Health and Welfare, to Dr. A. G. Sison, Dean, College of Medicine, University of the Philippines and to the Reverend John Hurley of Manila, following conferences in Washington with the Division of Territories and Insular Possessions, U. S. Department of the Interior, and with High Commissioner Paul V. McNutt, Resident Commissioner, Brigadier General Carlos P. Romulo, and the Reverend Edwin Ronan. The latter has lately returned to the mainland following a long pastorate in the Philippines and wartime experience in a Japanese concentration camp.

THE HONOLULU MYTH

SAMUEL D. ALLISON, M.D., M.P.H.

Acting Assistant Health Executive, Board of Health, Territory of Hawaii

Syphilization of Hawaii began in 1778 with the discovery of the islands by Captain Cook. Western civilization was introduced a few years later through the medium of whalers, sandalwood traders, other merchant shippers and missionaries from New England. Concurrently with the missionary influence in the development of schools, the introduction of Christianity to the inhabitants and the initiation of some modern business practices, prostitution developed as a result of the "need" of the tradesmen. License was rife and by 1860 the situation had become so bad that the legislature created an act to mitigate the evils and diseases arising from prostitution. It read in part . . .

"WHEREAS, the evils and diseases arising from prostitution are widespread and apparent, carrying death to thousands of the Hawaiian race, and preventing the increase of the population; and it being impossible to suppress and crush out prostitution but that its evils and diseases may be combatted, circumscribed and diminished,

"Therefore, be it enacted by the King . . ." that a system of regulation of prostitution be established including the registration of prostitutes, regular medical examination of them by a physician appointed by the Minister of Interior and treatment of infected prostitutes by the health department free of charge."

This Act established the social thinking regarding prostitution for the next 84 years. The Act was not popular, and in 1868 it was permitted to lapse, but venereal disease became more widespread and it was revived. Four years later it was again in disrepute since all of the evils it was intended to prevent continued unabated. Finally in 1905 the legislature withdrew the Act.

Although prostitution continued to be condoned by the community in general, in 1914 several committees began studies on a number of social conditions, one of which was prostitution. One committee produced a booklet reporting on *The Social Evil*, which advocated the repression of prostitution, more effective laws regarding prostitution, institution of sex hygiene education and premarital examinations for venereal disease. This committee apparently was effective as an action body, for late in November 1916 the red-light district in the Iwilei section of Honolulu was closed. One night the girls in the district were rounded up, arrested, given suspended sentences of a year and ordered to desist from their vice.

Following the closure of the Iwilei district there was a significant reduction in army venereal disease rates in the Hawaiian Depart-

ment. For the four years from 1913 to 1916, the average Hawaiian Department army rate was 81, with the rate in 1916 being 89. The rate in 1917 fell to 55, with the average rates for the years 1917 to 1920 being 51. It appears that the closure of the Iwilei district effected a reduction in army VD rates of about 38 per cent.

That the closure movement was not based on a sufficiently widespread community interest or education is proved by the fact that within a few years the houses reopened and the situation again deteriorated to where further action was deemed necessary. In view of the polyglot population the larger portion of which was comprised of oriental races accustomed to prostitution, a preponderance of males and the presence of service personnel in large numbers, the community saw but one logical conclusion. Accordingly, in the summer of 1930 a system of regulated prostitution was begun, at first under the auspices of the military police. This system was implemented in 1932 by the reorganization of the Honolulu police department, which apparently tried to carry out as effectively as possible a system of regulation. The plan called for regular medical inspection of prostitutes and house prophylaxis.

Nothing happened to venereal disease figures at that time. However, a common misconception has led to the belief held by many people that the regulation of prostitution in Honolulu was the factor responsible for the relatively low VD rates in the Hawaiian area. This reasoning is erroneous; from the earliest recording of Hawaiian Department rates, with three exceptions, Hawaiian Department figures have been constantly lower than the army rates for continental United States. The following table shows the rates for the Hawaiian Department and continental United States from the years 1929 to 1937, when the national venereal disease program began:

Venereal Disease Rates

<i>Year</i>	<i>Hawaiian Department</i>	<i>U. S. (continental)</i>
1929.....	24	54
1930.....	20	53
1931.....	20	50
1932.....	25	46
1933.....	22	38
1934.....	21	35
1935.....	22	36
1936.....	21	37
1937.....	21	35

It can readily be seen that there was no significant change in the rates in the Hawaiian area following regulation, and that at the same time, without benefit of the Honolulu system, there resulted a decrease of approximately 35 per cent in army rates for continental United States.

Thus from the historic standpoint, Honolulu offers two sets of evidence concerning regulation versus repression of prostitution. In the first instance, there is the closing of the houses of prostitution

with a resulting reduction in rates. In the second instance, there is the establishment of a system of regulation and its failure to alter rates materially. Regardless of these facts, however, the Honolulu community has been sold on the need for open regulated houses of prostitution. The attitude of the community concerning prostitution was well stated in a study of the vice situation made by the Inter-Church Federation in the latter part of 1936. This committee recommended the "cooperation of the police in preventing houses from being nuisances in communities where they now exist; in tightening control over boys attempting to frequent such houses; stricter regulation of casual prostitutes; and arousing of public opinion to demand enforcement of the law requiring doctors to report venereal disease." The clergymen were led to the conclusion by the study that the problem was a very complex one, the answer to which they were unsure of. Their lack of conviction was voiced by one who said, "If these houses were closed up as the law provides, what would the situation be tomorrow?"

This was essentially the situation when the war began. A campaign toward repression had been started in 1941 by Mr. Victor Houston, formerly delegate to Congress from Hawaii but then a member of the Police Commission. Just about the time that Mr. Houston's campaign was getting under way, he was ordered to active duty with the Navy.

During the first year of World War II, Hawaii was under military rule. Venereal disease control, while delegated to the health department, was under the final authority of the Department Surgeon. Prostitution continued and every effort made toward its repression was obstructed by the military without regard to national policy. They were, however, extremely cooperative in all matters of venereal disease control with the exception of this particular issue. Their argument concerning prostitution would be considered sound by many people. The Hawaiian Department had phenomenally low venereal disease rates. Many medical officers felt that prostitutes were needed for the morale of the armed services and that there was no need for the repression of prostitution as a means of protecting the health of the command until the venereal disease situation should deteriorate. But there were some people of the community who thought that regardless of the low venereal disease rates, efforts should be made toward further reducing the number of cases of syphilis and gonorrhea. The health department pointed out that professional prostitutes were the source of approximately 75 per cent of all new venereal infections being acquired in Hawaii. This matter was released to the public through the medium of the press, and it was also presented to the local office of the Federal Security Agency with the request that they act upon it.

In 1943 an effort was made by the health department to sponsor a Social Hygiene Day, but because of the reluctance of army authorities concerned to cooperate in the program the effort was called off. Toward the end of 1943 the Federal Security Agency appointed a social protection representative for the area. Later the Council of

Social Agencies appointed a Social Protection Committee¹ composed of about 40 interested citizens. This group had a small steering committee² that studied the problem of prostitution and initiated steps toward its solution. The resulting program is discussed in the paper by Dr. Ferris Laune appearing in this issue of the JOURNAL OF SOCIAL HYGIENE. One significant contribution not discussed by Dr. Laune was that made by Mr. J. M. Cummings, a local businessman, who at first without reference to the action of other local agencies sponsored large newspaper advertisements concerning the prostitution problem. Later he sought material from the Council Group and used it in preparing his advertisements. The use of paid advertising undoubtedly called the problem to the attention of a great many individuals in the community who might not otherwise have been interested.

On September 21, 1944 the houses were closed by order of the Governor, but the average citizen's reaction ranged from skeptical to disturbed. He had been sold on the fact that if houses did not exist venereal disease would increase; rape would become rampant; the streets would no longer be safe for his wife or daughter. Contrary to the belief of most of the people in Honolulu, these things did not occur. Instead the venereal disease picture improved materially. There was a significant reduction in the number of venereal disease cases reported to the health department. There was also a significant reduction in rape. Subsequent to the demonstration that the community and armed services would not get out of hand with the brothels closed, the military through the Army-Navy Disciplinary Board gave significant aid in the further repression of prostitution.

*Analysis of VD and Sex Crime Figures
11 Months Before and After Closing Houses of Prostitution
in Honolulu, T. H., September 21, 1944*

<i>Disease or Offense</i>	<i>Number before</i>	<i>Number after</i>
Rape	29	22
Other Sex Crimes (exclusive of prostitution) . .	559	404
Gonorrhea	1,072	671
Syphilis (primary and secondary)	57	32

It is our belief that the closing of the houses of prostitution in Honolulu in 1944 made the community considerably safer from the standpoint of venereal disease and sex crimes. The fight is not ended. However, more and more community groups such as the Chamber of Commerce, Rotary Club, Lion's Club, Community Councils, and other groups, are coming forth with endorsement and approval of

¹ *Social Protection Committee*: Chairman, Reginald W. Carter, 1943, 1944; Edward J. Burns, 1945-.

² *Social Protection Steering Committee*: Reginald W. Carter, Chairman; Samuel D. Allison, M.D., Venereal Disease Control Officer, Board of Health, Territory of Hawaii; Hubert E. Brown, Ph.D., Social Protection Representative, Office of Community War Services; Miles E. Cary, Ph.D., Principal, McKinley High School, Honolulu, T.H.; Erma Cull Guntzer, Office of Community War Services; Ferris F. Lanne, Ph.D., Secretary, Honolulu Council of Social Agencies; Robert H. Onstott, Medical Director, Director, District 10, U. S. Public Health Service.

the repression movement. We believe that education concerning this problem must be continued. Realistic efforts must be made toward preventing the flagrant development of clandestine prostitution. More adequate laws must be enacted, and the people must insist that the armed services cooperate in the repression of prostitution in and around offshore bases.

We believe that our experience in Hawaii may indicate the pattern of action to be pursued in all offshore areas where service personnel are quartered; and that the experience in Hawaii with its preponderance of orientals may assist in the development of repression programs in the Philippines, Japan, China and other Asiatic countries now troubled with excessively high venereal disease rates. In Hawaii, regulation was tried—and failed. Repression was tried—and is working.

PARIS MOVES TO CLOSE BROTHELS

On December 17, 1945, according to a news item in the *New York Times*, Charles Luizet, Prefect of Police of the City of Paris, announced a decision to close the brothels of Paris and suppress the street-walking activities of Paris prostitutes. The *Times* Paris correspondent says:

“The decision, which would seek to terminate what foreigners have been accustomed to look on as one of the characteristics of the Parisian scene, followed a long discussion in the Municipal Council. Licensed houses will have three months to conform with the orders.

“Mme. Marthe Richard, a woman member of the Council, submitted the original report and proposal that resulted in the police chief's action. She said that venereal disease had been constantly increasing and that 150,000 lives had been lost here because of it. For more than 6,600 registered women, she said, the Paris health services had only three doctors available for examination.

“She added that the traffic had become a veritable trust in Paris, controlling gasoline and automobiles and working with the connivance of cafes, hotels and liquor interests. She charged that during the German occupation the brothels had been centers of Gestapo espionage.”

Later reports in the *Times*, the *New York Herald Tribune* and other United States newspapers have told of the determined fight put up by the Paris prostitution interests to maintain their immensely profitable business, which was said to have increased greatly during the war, under encouragement of the Vichy government. A special article in the *Herald Tribune* of January 6, by Simonne Ratel, said:

“Since their decision of December, the city councilors have received every day threatening letters and infamous pamphlets directed against Marthe Richard. But the promoters of this reform have determined not to be intimidated. They are supported by public opinion and many organizations, among others the National League for Public Health which for 15 years has formulated a plan for the suppression of the scourge and the rehabilitation of prostitutes.”

THE NAVY PROVIDES SOCIAL PROTECTION FOR SERVICEMEN IN JAPAN

That the American public is increasingly aware of the hazards of prostitution and venereal diseases, that citizens welcome open discussion, and that they are determined that American families, especially young people, shall be protected from such dangers so far as possible, is shown once again in the exchange of letters between Navy officials and civilians last November concerning prostitution conditions in Japan as affecting Navy servicemen on duty there.

Clearly, also, by these letters is indicated that the Navy Department in no sense has receded from its strong position of support of and participation in the campaign against VD and prostitution, not only for conservation of manpower, but for the protection as well of American ideals and home life.

In view of the widespread publicity given to this incident at the time, and the varying accounts appearing in different publications, the JOURNAL publishes here the sequence of statements and correspondence which appeared in the *Congressional Record*, and which constitute, so far as the editors have been able to learn, the essential facts:

On November 16, 1945, Representative Howard H. Buffett of Omaha, Nebraska, inserted in the *Record* under "extension of remarks," a letter from Navy Chaplain Lawrence L. Lacour to the *Des Moines (Iowa) Register*. Chaplain Lacour, it was stated, is a member of the Des Moines Methodist Conference, and was the first Navy chaplain in Japan, landing ahead of General Douglas MacArthur. The letter follows:

"Since a large percentage of the Navy are reserves, many of them under 20; and we chaplains are entrusted with the moral and spiritual welfare of these men, we believe the American public should be informed when conditions and policies exist that jeopardize the morality and faith of our servicemen.

"As a policy of venereal-disease control, the Navy is permitting unrestricted access, by all men on liberty in the Yokosuka area, to houses of prostitution where the venereal incidence among the prostitutes is considered 100 per cent.

"The control is the prophylaxis administered by naval corpsmen on duty in the house.

"Since September 11, liberty parties have been permitted ashore in this area. Our ship was the first to be granted liberty, and as we are tied up in the navy yard, I have been able to observe the situation from the beginning.

"On September 2, the medical officer in charge of venereal control told me that it would be his policy to supervise the places of prostitution by examining the prostitutes by segregating those infected, by insisting on cleanliness within the houses, and by establishing adequate numbers of prophylactic stations throughout the town.

"When liberty parties went ashore, men gathered the impression that the

medical department had eliminated all immediate danger. Military police and naval corpsmen informed the men in the lines in front of the houses that everything was medically inspected. As a result many enlisted men and officers, including a number from our ship, had sexual contact without using any prophylaxis.

"Prior to sending men ashore some ships ran training films on venereal disease, and announced that a high percentage of venereal disease could be expected in Japan. On other ships, the commands refused to do anything to discourage promiscuity, and gave no warning about expected venereal incidence.

"On September 14 it was disclosed that out of a typical group of prostitutes, 51 out of 60 had syphilis, were not being treated, that there would be no further examinations, and that no policy of treatment or segregation would be followed.

"Coincidental with Archbishop Spellman's visit here, by September 16 all red-light districts were declared out of bounds. A group of us chaplains inspected the restricted area after a week of suppression. We found that although the method was not totally effective, the number of offenders that got into the restricted area was small, as the geographic location of the area made policing comparatively easy.

"It was not so easy to suppress the free-lance prostitutes and the smaller houses in the unrestricted area, but there was little open violation. A man intent on sexual contact could find it, but he had to exert considerable effort and run the risk of arrest. Men were treated as usual at prophylactic stations with no great threat of disciplinary action, and, during this period of suppression, the number of treatments ashore and afloat decreased remarkably.

"At a meeting of the fleet medical officers on September 26, it was proposed that one large house be opened, that it be operated with the understanding that all the women were diseased, and that a voluntary system of prophylaxis be available by placing a Navy-operated treatment station within the house.

"Although some medical officers and two chaplains in attendance protested, it was stated by the senior medical officer that this was to be the policy.

"Subsequently, the chaplains of the fleet met and submitted to the flag a memorandum that represented the unanimous opinion of the group. The action of the chaplains was ignored, and Sunday, October 7, the Yosura house was opened to enlisted men, with geisha houses permitted to accept the patronage of chiefs and officers.

"Although the number of men on liberty next day was considerably under normal because of rain, I observed, in company with four chaplains and the officer of the day of the military police, a line of enlisted men almost a block long, waiting their turn.

"MP's kept the lines orderly and permitted only as many as could be served to enter at a time. As men were admitted into the lobby, they would select a companion (113 on duty that day, according to one of the Japanese attendants), pay the 10 yen to the Japanese operator and then go with the girl to her room. We inspected several of these rooms and found them to be reasonably clean.

"When the men returned they were registered and administered prophylaxis by Navy corpsmen. Although approximately 20 men could be treated at a time, there was a line waiting. True, many of the men were the type one might expect to patronize such a place, but the bulk of the customers were younger men. The open accessibility of women in this place has been a factor contributing to the first sex experience of some of my men.

"When one considers the rate of disease, that there are some forms of venereal disease in the Orient that do not respond to treatment, that some of the women have been exposed to leprosy. On the basis of these facts, it is contended that:

"1. The Navy's policy of unrestricted sexual opportunities with diseased women is no solution for the problem of venereal control.

"2. American people would insist that the Navy immediately adopt a

policy of rigid suppression in regards to prostitution.

"3. The Navy, which completely ignored moral implications in the present situation, be charged to consider the moral aspects of policies governing personnel.

"4. The people who loan their sons to the Government demand moral protection or refuse to supply the personnel for our armed forces.

"5. Although many naval officers are gentlemen, others by example and advice have encouraged immorality among our men.

"6. The Navy's unlimited sale of beer, which has contributed to moral delinquency and numerous incidents here, be discontinued. And that throughout the Navy, soft drinks be made just as available as beer whenever beverages are provided by the Navy.

"7. An organization that has demonstrated such brilliant strategy in defeating the Japanese military not permit our men to become the open

victims of Japanese prostitutes in the final round."

Admiral King, chief of Naval Operations, informed of the Laeour letter, on November 8 made the following statement to the Des Moines Register:

"As yet, I have no definite word that the conditions are as outlined in this article in the Register. I can assure you that such conditions are not in keeping with the Navy Department's wishes. From a careful reading of the article, it appears that the closing of certain areas at the time of Archbishop Spellman's visit was coincidental.

"The Navy Department feels it is vital that the men we return to their homes after discharge are fit, and reflect credit on the Naval Service and its consideration for its personnel. Instructions stating that the aim of the Navy Department is 'suppression' were issued early in 1941. Action was initiated in September, 1945, and in October, further steps were taken to insure a strict and effective compliance with this policy."

In the *Congressional Record* of November 20, 1945, appeared remarks by Representative Clyde Doyle of Long Beach, California, before the House, with the following heading and text:

United States Navy Is Trustee for Morals of American Youth Under Its Control as Well as Physical Well-being—American People Will Not Tolerate Any Encouragement of Lessening of Emphasis or High Ethical and Moral Conduct of American Sailors—Statement of Policy of United States Navy in Relating to Open Practice of Attendance on Japanese Prostitution Is Demanded

Mr. DOYLE. Mr. Speaker, assuming that many other Members of this great House also have received memoranda in regard to a report of a United States naval chaplain that American sailors are encouraged to patronize the Japanese houses of prostitution I will state that I am immediately sending the following letter to the Secretary of the United States Navy on that subject. The letter hereafter set forth manifestly sets forth some of my im-

mediate thinking in the premises. But I wish to state, Mr. Speaker, that if our great Navy—for any cause—is so little concerned with the manhood, character, and ethical conduct of the American lads in Japan—and other foreign nations—that any of its commanding officers and personnel tolerate, countenance, or approve—either directly or indirectly—such moral filth and degradation as is reported by the United States Navy chaplain—then it is high time that whoever it was who was responsible for such violation of all precepts of American progress and Christian citizens, should be dispelled, and the Nation made to understand that the American Navy does not intend to win the war of powder and shell and then lose the war to maintain decent, clean, morals, as well as physical conditions surrounding its personnel. My letter to the Secretary of the Navy follows:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,

Washington, D. C., November 19, 1945.

Hon. JAMES FORRESTAL,

*Secretary of the Navy, Washington,
D. C.*

Re American sailors and prostitution
in Tokyo, Japan.

MY DEAR MR. SECRETARY: Knowing that you have no doubt been heretofore in receipt of at least one copy of the advices of United States Chaplain Lawrence Lacour about what he saw in Tokyo, Japan, directly relating to the conduct of United States Navy personnel is in connection with attendance upon Japanese houses of prostitution, I respectfully ask you to immediately advise me whether or not there is anything substantially inaccurate or incorrect in his reported communication which was printed recently in the Des Moines Register and in the Christian Advocate—and more recently in certain newspapers here in Washington.

Especially will you kindly advise me whether or not it is a fact that it is on order and approval of a responsible officer of the United States Navy that this practice is encouraged and facilitated. I will say, sir, that to the extent to which it is encouraged and facilitated—and to the extent to which it is approved—I strenuously protest such policy by the United States Navy, or any officer or representative thereof in command.

I consider that when the people of the United States are compelled to place their sons and daughters in the custody and control of the United States Navy, or Army, that the United States Government thereupon accepts these young people in terms of an avowed trusteeship. That trusteeship extends at least to the point of a sincere and determined effort to return these young folks to their homes and their Nation not less lacking in moral and ethical concepts of conduct, as well as in good physical and mental conditions.

In other words, Mr. Secretary, the American people place upon the commanders of the armed forces the trusteeship which extends to the morals of

the youth who are conscripted for war as well as their physical well-being.

Furthermore, the people of this Nation are about to consider and determine whether or not universal military training shall be adopted as a matter of military policy in times of peace. While it is true that this report comes of this terrible condition being in Tokyo, Japan, and therefore is not on the Continental United States, no doubt you will agree with me that the responsibility for the safety and security of the men and women in uniform extends to their safety and security in foreign lands as well as within our domestic borders. And, inasmuch as one argument given in favor of universal military training in times of peace, is the need of having available and trained men in other lands, to keep the peace if need be, it would now appear that what the fixed policy of the United States Navy is, with reference to its trusteeship of the morality of the United States sailors, as well as to his apparent well-being, is a matter of immediate and deep concern to the American people.

I am very sure that the people of America do not think in terms of having any naval officer—or any Government officer or representative—either sponsoring approval or encouraging such misconduct as set forth in terms of deliberate intentional moral turpitude as is set forth by this naval chaplain.

In communicating this letter to you, I do it on two assumptions in which I believe I have a right to indulge in, to wit:

1. That the communication referred to by Chaplain Lawrence Lacour is substantially correct and accurate.

2. That you will know that this communication by me refers to that communication, of which you no doubt already have first-hand knowledge and report.

I do not have in mind that the United States Navy is expected to keep its personnel on a so-called "apron string," but I respectfully remind you that men and women in the United States under age of majority are still children under the law. This fact,

then, cannot be ignored—in how or in what manner—the young men of the United States Navy are allowed or encouraged to do.

I am sure some Members of Congress, in addition to myself, have received copies of the letter which was written by Chaplain Lawrence Lacour. No doubt you have, also; therefore, I do not by this letter again communicate to you a copy thereof—as it has been

so generally circulated by this time that you must have had more than one copy thereof.

Awaiting your very earliest and fullest advices and statement of policy in the premises, I have the honor to remain, sir,

Yours sincerely,

CLYDE DOYLE

Member of Congress

In the *Congressional Record* for December 11, 1945, Congressman Doyle filed a reply received from Secretary of the Navy James Forrestal, with accompanying remarks, as follows:

Secretary of Navy Replies to Inquiry as to Suppression of Prostitution; Orders Compliance with Navy Policy—Japan Situation Cleaned Up—Letter Is Prompt Reply

THE SECRETARY OF THE NAVY,

Washington, December 7, 1945.

Hon. CLYDE DOYLE,

House of Representatives.

Mr. DOYLE. Mr. Speaker, I incorporate in my remarks a letter to me from the Secretary of the United States Navy under date of December 7, 1945. I do so because I heretofore referred in this CONGRESSIONAL RECORD to the letter from Chaplain Lacour, and I also set forth my letter of November 19, 1945, to the Secretary of the United States Navy.

DEAR CONGRESSMAN DOYLE: Kindly refer to your letter of November 19 relative to the open letter from Lawrence L. Lacour, chaplain, USNR, describing conditions of prostitution and sex laxity amongst Naval personnel in the Yokosuka area, Japan.

The number of communications I have received since my remarks and letter on this subject clearly show that the people of America are hearing what is said here in Congress or placed in the RECORD and also, that they are concerned with the morality of their sons in the armed forces.

I am pleased to advise you that, immediately on learning the situation at Yokosuka, an investigation was made and directives were issued ordering strict compliance with the long-established and documented Navy policy for the suppression of prostitution. This compliance has been secured, and all houses of prostitution have now been placed out of bounds. Parenthetically, it should be noted that the venereal disease rate for the fleet for the month of October was considerably lower than in the continental United States.

Since my letter to the Secretary of the Navy became public, I feel it due the Secretary and also our great Navy that his prompt answer to my letter also be given to the public for its guidance.

The investigation disclosed that an honest effort was made by the commanding officers to control an admittedly difficult situation by means of what at the time appeared most effective. In order to properly meet morale needs, it was imperative that liberty be granted to personnel. Because of the health and recreational problems presented, it was deemed advisable to place many sections of the city "out of bounds." Unfortunately, however,

You will note, Mr. Speaker, that paragraph 2 of this letter clearly and positively states what was done and that the long-established policy of the Navy is for the suppression of prostitution. I am very happy to have received this prompt and clear-cut reply by our Secretary. In closing my remarks I include the same:

some houses of prostitution existed in the "in bounds" area; and, in order to protect the health of the men, prophylaxis stations were established where they would be most effective; and, in one instance, this was at the entrance to a house of prostitution. While such a procedure may have given the appearance of encouraging the patronage of a house of prostitution, in reality it should have served to remind the men of the hazards to be encountered in such patronage.

The Navy has, for a number of years, made intensive educational efforts to indoctrinate all personnel regarding the dangers of prostitution, not only from a venereal disease standpoint, but also from the standpoint of the moral implications of promiscuous sex behavior. Continence has been urged as the only pattern that will absolutely protect against venereal disease. The Yokosuka and fleet commands involved, at an early date, reindoctrinated their personnel on the hazards they would encounter on liberty. What Chaplain Lacour observed was the result, in large part, of group pressures, sudden release of inhibitions long pent up by many months of hazardous sea duty, cessation of hos-

tilities and the general let-down in morale stamina of all personnel, all occurring during the confusion incidental to the occupation of Japan by American forces.

While there has been a unanimity of opinion and in directives issued by the policy-making bodies of the Army, Navy, and Public Health Service that prostitution should be vigorously suppressed, there is a wide divergence of opinion on the matter among the rank and file of the services. This reflects the confused thinking of the American public in general on the subject. This confusion exists in spite of the considerable educational efforts that have been carried on in the last several years to enlighten the public as to the moral, social, and medical evils of prostitution.

You may be assured that the Navy Department will continue to do its utmost to protect the American ideals of home and family life. In this effort we earnestly urge that the whole citizenry accept their share of the responsibility for the behavior of its individual members.

Sincerely yours,
JAMES FORRESTAL.

Further evidence of good faith on the part of the Navy Department appeared in a directive of 13 December, 1945, reaffirming the Navy's policy regarding prostitution and venereal diseases control as stated in a previous communication of March 25, 1941, following the adoption of the "eight point joint agreement." These documents read as follows:

45-1887—Prostitution, Policy Regarding—Control of Venereal Disease

Pers-12-emw, P3-1, 13 December 1945

ACTION: ALL SHIPS AND STATIONS

(Ref.: (a) BuPers Circ. Ltr. 31-41.

(b) Alnav 18-41; N. D. Bul. Cum. Ed. 1943, 41-2001, p. 179.

(c) "An Agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees Are Concentrated."

(d) Rest. joint BuNav-BuMed lettr. BuMed P3-2/AT12(021-40); BuNav-147-RNC, P3-1(85), of 25 Mar. 1941; N. D. Bul. Cum. Ed. 1943, 41-2064, p. 1160.)

1. The restricted classification of reference (d) is hereby removed.

2. It is directed that all levels of naval personnel be informed of the provisions and intent of reference (d).

3. Flag and commanding officers shall be guided by the principles and intent of reference (d) wherever and whenever naval personnel are involved.

4. No action shall be taken that might be construed as encouraging, tacitly approving, or condoning prostitution. Commanding officers will not neglect, however, other means of reducing venereal disease in their respective commands but will continue to exert every effort toward this objective.

Bureau of Medicine and Surgery
ROSS T. MCINTIRE

Bureau of Personnel
LOUIS DENFIELD

NAVY DEPARTMENT

BUREAU OF NAVIGATION

Washington, D. C.

NAV-147-RNC
P3-1 (85)

BuMed/File No.
P3-2/AT12 (031-40)

March 25, 1941

JOINT LETTER

From: The Chief of the Bureau of Navigation and
The Chief of the Bureau of Medicine and Surgery.

To: All Ships and Stations.

Subj.: Control of Venereal Disease.

Ref.: (a) BuNav. Circ. Ltr. No. 31-41.
(b) Alnav # 18.
(c) An Agreement by the War and Navy Departments, the Federal Security Agency, and the State Health Departments on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees Are Concentrated.

1. As announced in reference (a), the Federal Security Administrator has been designated as Coordinator of matters pertaining to health as related to national defense.

2. The Coordinator is vitally interested in the subject of control of venereal disease and the interest of the Congress is indicated by the fact that an appropriation of \$6,200,000 to the Federal Security Agency (Public Health Service) has been made for this purpose.

3. As a result of the widespread effect of the operation of the Selective Service and Training Act the eyes of the nation are more critically on the armed forces than ever before. It is therefore correspondingly more vital that the young men whom we return to their homes after discharge are fit and reflect credit on the naval service and its consideration for its men.

4. Reference (b) is the substance of reference (c) which latter is quoted:

"It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

"1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal diseases;

"2. Early diagnosis and treatment of the civilian population by the local health department;

"3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel, the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available

as to extra-marital contacts with diseased military or naval personnel during the communicable stage, this should also be reported;

"4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities;

"5. Realeitnant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation;

"6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army and the Navy will cooperate with the local police authorities in repressing prostitution;

"7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of venereal diseases, the methods for preventing these infections, and the steps which should be taken if a person suspects that he is infected;

"8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army and the Navy desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures."

5. The attention of all Commanding Officers is directed to the fact that they are required by reference (b) to "cooperate to the maximum extent with the State and local public health authorities in the suppression of prostitution." In the past, some Commanding Officers have interpreted "cooperation . . . in the suppression" to mean approval of "segregation" of known prostitutes in an effort to reduce the spread of venereal disease and such "cooperation" has sometimes extended to the placing of known houses of prostitution out of bounds where the inmates of such houses failed themselves to "cooperate." Such interpretation is contrary to references (b) and (c). The aim of the Navy Department is "suppression."

6. It is acknowledged that venereal disease can be reduced only by continuous coordinated effort to remove from the community all those who are known to practice prostitution. All states except one have laws prohibiting this practice.

7. Reports occasionally reach the Navy Department that naval officials are not always clear as to the Department's policy in the matter. Commanding Officers will wholeheartedly and consistently support the local and State authorities in the enforcement of their laws. This means that they will actively support these authorities in the suppression (*not the discouragement*) of prostitution.

8. The Public Health Service is now a part of the Federal Security Agency. The policy of the Navy Department as herein expressed is in exact accord with that of the Public Health Service. Its representatives are at all times available to Commanding Officers for consultation and wherever the Commanding Officer is meeting with difficulties on matters concerning health in the local community, he is entirely at liberty to take up the matter directly with those representatives.

ROSS T. MCINTIRE

C. W. NIMITZ

Distribution:

I, II, III, IV, V, VI, VII, VIII, IX, X (a, b, c).

SOCIAL PROTECTION NEEDS IN PEACETIME

Among the Federal wartime services to the States which citizen groups and official agencies have joined in recommending as urgently needed for protection of national welfare, morale, and health in peacetime is the group of duties and responsibilities carried during the past five years by the Social Protection Division. Provision for the activities now assigned to the Division is made only to June 30, 1946.¹

The Interdepartmental Venereal Disease Committee, the National Advisory Committee on Social Protection and Venereal Disease, the National Women's Advisory Committee on Social Protection, and the American Social Hygiene Association have joined in recommending that legislation be adopted by the U. S. Congress to provide for continuance of Federal social protection activities. This recommendation has the support and approval of the Federal Security Administrator and other government officers in addition to officials of voluntary health and welfare agencies. Excellent bills have been introduced in both House and Senate:

H.R. 5234 was introduced in the House on January 24, 1946 by the Honorable Frances Payne Bolton, Congresswoman from Ohio; and was referred to the House Committee on the Judiciary.

S. 1779 was introduced in the Senate on January 30, 1946 by the Honorable Claude Pepper of Florida for himself and Senators Walter F. George of Georgia, Robert M. LaFollette, Jr.,

¹ The Social Protection Division was established in March, 1941, under the Office of Defense Health and Welfare Services, now known as the Office of Community War Services, and functioning by Executive Order of the President under the Federal Security Agency. Among the great values of establishing this division was the support it gave to *Point 6* of the *Eight Point Agreement of 1940* on measures for the control of the venereal diseases in areas where armed forces or national defense employees are concentrated. *Point 6* established an official Federal and State policy for prostitution repression as a measure necessary to effective venereal disease control. The *Agreement*, endorsed by the Army, the Navy, the Public Health Service and the Conference of State and Territorial Health Officers, called also for the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies, or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

For further particulars of the history, background and status of the Federal Social Protection program, see *JOURNAL OF SOCIAL HYGIENE*, Vol. 31, No. 5 (May, 1945), *Social Protection—A Summing Up*; and Vol. 31, No. 7 (October, 1945), *Federal Appropriations for VD Control and Social Protection*.

of Wisconsin, and Robert A. Taft of Ohio; and was referred to the Senate Committee on Education and Labor.

The bills were practically identical and have been amended to agree exactly. The House bill is printed here:

H.R. 5234

IN THE HOUSE OF REPRESENTATIVES

JANUARY 24, 1946

MRS. BOLTON introduced the following bill; which was referred to the Committee on the Judiciary

A BILL

To authorize the Federal Security Administrator to assist the States in matters relating to social protection, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Federal Security Administrator, through such officers or employees or units of the Federal Security Agency as he may designate, is authorized, by means of technical and professional advisory services and the collection and publication of information, to assist the several States and, through or at the request of appropriate State officials of the respective States, their political subdivisions, and to assist non-governmental organizations (a) to develop and carry out, particularly in areas where such measures are of importance to military or naval personnel, measures designed to prevent prostitution, eliminate conditions contributing to sex delinquency, and provide services for the rehabilitation of sex delinquents; and (b) to foster cooperation in communities among law enforcement, welfare, and other public and private activities for the purpose of preventing prostitution, eliminating conditions contributing to sex delinquency, and providing services for the rehabilitation of sex delinquents.

SEC. 2. The Federal Security Administrator is authorized to appoint such advisory committees, and to call such conferences, of representatives of Federal departments and agencies, and of interested professions and organizations, public and private, as may be necessary to carry out the purposes of this Act. Members of any such committee, while attending meetings or conferences or while otherwise serving in carrying out the purpose of this Act, and persons attending any such conference, shall be entitled while so serving away from their places of residence, to actual and necessary traveling expenses and, unless they are officers or employees of the United States, to \$10 per day in lieu of subsistence expenses.

SEC. 3. Nothing contained in this Act shall be construed as limiting or impairing the authority or responsibility of any department or agency of the Government under any other Act.

SEC. 4. As used in this Act, the term "State" includes the District of Columbia and Territories and possessions of the United States.

SEC. 5. For the purpose of carrying out the provisions of this Act, there is hereby authorized to be appropriated for the fiscal year ending June 30, 1947, the sum of \$700,000; and there are hereby authorized to be appropriated for each fiscal year thereafter such sums as may be necessary for carrying out such provisions.

In introducing H.R. 5234, Mrs. Bolton said:²

"Mr. Speaker, yesterday I introduced a bill to authorize the Federal Security Administrator to assist the States in problems relating to social protection.

"During the last 5 years the Federal Security Agency has conducted a social-protection program that has resulted in houses of prostitution being closed in over 700 communities, and in improved measures for the control of clandestine prostitution and promiscuity. It has proven itself an important factor in reducing venereal disease infections.

"Now these gains are in jeopardy.

"Federal social protection as a wartime activity has been sharply curtailed. Former vice interests, counting on a cessation of Federal effort, and local communities following suit, have already reopened their houses or indicate they expect to do so soon. Most of them never gave up the titles or leases on their former brothels.

"Field studies recently made by the American Social Hygiene Association in 181 of the 700 cities closed during the war showed that by last December commercialized prostitution was again easily accessible in 50 of them.

"We cannot go backward. We must not give ground to promoters, shady real estate operators and their front men who breed juvenile delinquency, crime, corruption, and disease.

"Effective national and local effort will be required to check increasing prostitution, sex delinquency, and venereal disease. The Federal Security Agency should be enabled to provide communities, as it did during the war, with the impetus, the technical knowledge and guidance in combating these conditions. Their correction is necessary to our national welfare. That is the purpose of my bill.

"The next few years will determine whether wartime advances are to be retained and extended or whether these gains resulting from the expenditure of time, effort, and money of Federal, State, and local governments, and private individuals and organizations are to be lost. I trust the Committee on the Judiciary will study the problem thoroughly and that we may act wisely and promptly in continuing and extending the social-protection program. It is in this spirit that I have introduced H.R. 5234."

² *Congressional Record*, 79th Congress, 2nd Session, Friday, January 25, 1946, Vol. 92, No. 10, p. 388.

After presenting S. 1779 to the Senate, Senator Pepper entered the following remarks in the Record:³

MR. PEPPER: Mr. President, some days ago the able Senator from Georgia (MR. GEORGE), the distinguished Senator from Wisconsin (MR. LA FALLOTTE), the distinguished Senator from Ohio (MR. TAFT), and I introduced Senate bill S. 1779. I ask unanimous consent to have printed in the *Record* at this point as part of my remarks a statement which I have prepared in explanation of that bill.

There being no objection, the statement was ordered to be printed in the *Record*, as follows:

THE SOCIAL PROTECTION PROGRAM

"Prostitution, venereal disease, promiscuity, and sex delinquency are evils affecting the lives of our people, and the health and well-being of our communities. During the last five years, as a war measure, the Federal Government took special action to combat these evils. Today we are faced with the problem of continuing and extending the gains made during the war period, or else of permitting a return to vice conditions that will be regretted by all decent men and women.

"Since 1941 the Federal Security Agency has conducted a Social Protection program with a very substantial measure of success. This program has led the way in the organization of community controls and has made outstanding contributions in combating prostitution and venereal disease. Example of its effectiveness include:

1. Over 700 communities have closed houses of prostitution.
2. Over 200 local Social Protection Boards have been established.
3. Wide-spread improvement of law enforcement in prevention of prostitution and juvenile delinquency has resulted from the Federal Security Agency's recommendation.
4. Considerable pioneer work in the redirection of sexually delinquent girls, stimulated and assisted by the Social Protection Division, has been accomplished.
5. America has the lowest wartime venereal disease rate of any military force in any country. The importance of the Social Protection program as a factor in this achievement is attested by the Surgeon Generals of the Army, Navy, and the U. S. Public Health Service.

"As a result, vice has been greatly reduced in cities where it was uncontrolled before the war. The immediate future will decide whether the advances already made are to be extended, or whether the results of the investment of time and money expended by Federal, State, and local governments and private organizations and individuals are to be lost.

"Vice interests and operators of houses of prostitution recognize that the Federal Social Protection program was set up on a war

³ *Congressional Record*, 79th Congress, 2nd Session, Wednesday, February 27, 1946, Vol. 92, No. 34, p. 1755.

basis and, counting on an early cessation of Federal activity, as well as a general post-war letdown, they are now making plans for renewing operations. In many communities they have retained titles or leases on the properties in which they formerly did business. Some cities have already experienced a rise in commercialized prostitution. In many communities the decision between a clean town and an open town hangs in the balance.

"The vice interests will fight—they have a big financial stake. Because of the pressure of organized vice, State and local officials need the continued support and assistance of the Federal government. The present situation is described in the following excerpts from a letter which Bascom Johnson, Director of the Division of Legal and Protective Measures of the American Social Hygiene Association recently wrote to the Federal Security Administrator:

'Since V-E Day, our field investigations show conditions which indicate an increasing relaxation of efforts by local communities. Our studies indicate also that the main reason for this relaxation of effort is that many of these communities have looked upon the repression of prostitution as an activity which the Federal government had promoted as a war measure which it would surely abandon at war's end—an example which these local communities feel they would be justified in following.

The Association has recently made an analysis of 181 cities in or near which commercialized prostitution had been easily accessible some time within the two-year period prior to the war. During the war nearly all these cities improved these conditions substantially with the cooperation of the Federal Government. As of December 4, 1945, however, commercialized prostitution had again become easily accessible in 50 of these cities.'

"In the last few years the active support of repression has been secured from 92 per cent of the police chiefs of America. Mayors and chiefs of police, however, state frankly that continued repression depends upon Federal assistance and upon active civilian support. In asking the Social Protection Division to help him create and keep active a permanent local Social Protection Board, the Chief of the vice squad in Houston said: 'The shysters, the pimps, the madams, prostitutes, promoters, shady real estate owners, and the whole rotten gang, plus their so-called respectable front-men, are the only ones we hear from. The decent public doesn't know we exist, and the pressure we get is from the underworld.'

"Another problem which causes great concern is the fact that the average age level of sex delinquents has been dropping and today many of those spreading venereal disease are of juvenile court age, rather than hardened prostitutes. The repression of commercialized prostitution over the past five years has further highlighted the problem of the promiscuous girl or 'pick-up.' Coordinated community activity becomes most important in dealing with these young girls. The battle against promiscuity and the redirection of young people before social patterns become hardened require special attention. A first step in the solution is, of course, the complete elimination of commercialized prostitution. Delinquency breeds in commercial prostitution areas. Families live next door to brothels. Children see a sordid life that may look glamorous and profitable.

Children run errands for prostitutes and procurers. Houses are constantly recruiting young girls as inmates. There are examples of free 'service' to high school boys as a bait for future patronage.

"These hazards must be eliminated. Other necessary steps for the prevention of promiscuity and the redirection of sex delinquents are: Proper court and detention facilities, a sound program of redirection by probation and social agencies, and the widest public education on the social responsibility of all citizens, young as well as adult. An enlightened community is a powerful weapon against the insidious evils of promiscuity and prostitution.

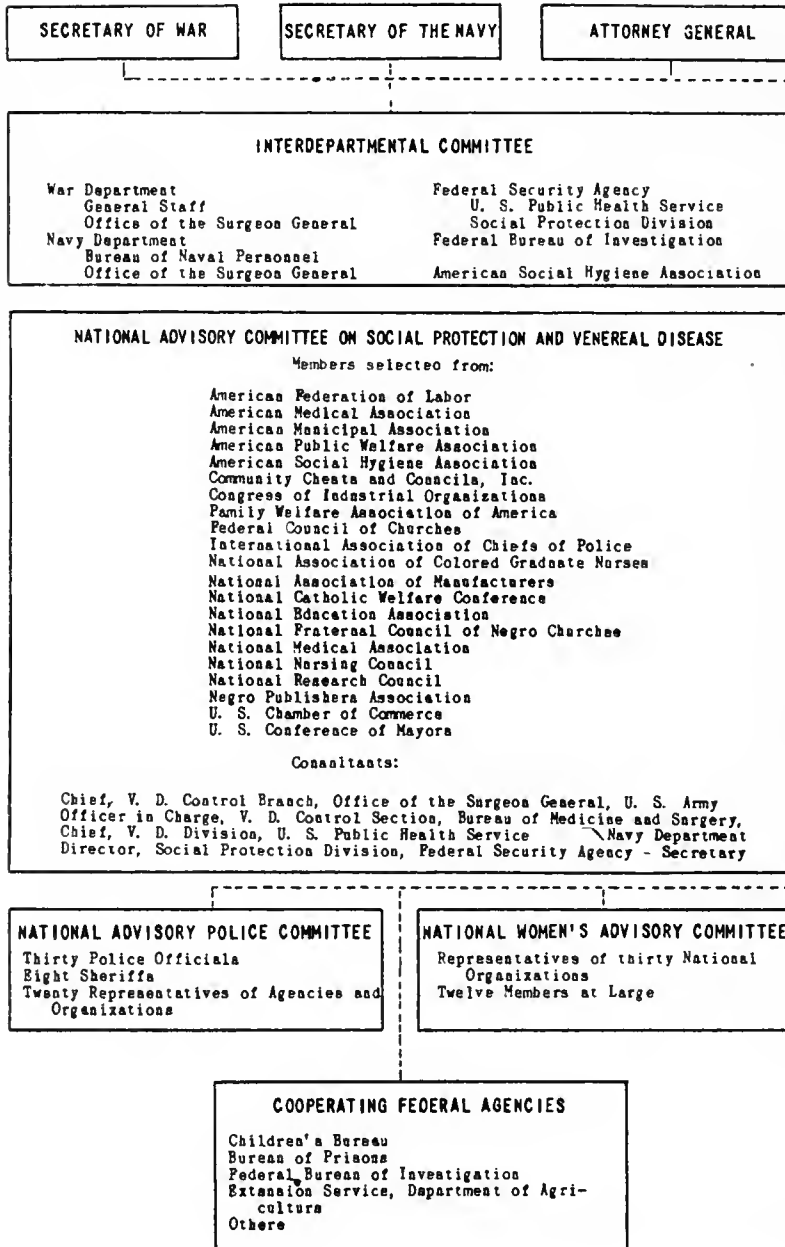
"A year ago an increase in venereal disease was predicted. What were predictions then have now become facts. Reports from communities and from the Army show a definite increase in venereal disease cases over the past few months. Compared with the tremendous strides in medical treatment of venereal disease, the problem of reducing the source of infection is relatively untouched. Venereal disease is now recognized as a social problem with a medical aspect, and preventive social treatment is quite as necessary as curative medical treatment.

"As representatives of an impartial Federal agency assisting the States, the staff of the Social Protection Division, with the approval of the State officials, works continuously with police chiefs and city officials in developing local social protection programs. They help to improve methods of law enforcement, protective policing, detention of both adults and juveniles and to encourage the use of police-women. Successful procedures developed in one community are rapidly made known to other police departments. Through printed materials and meetings of field representatives with civic leaders and community groups, an understanding of the dangers and costs of prostitution and promiscuity is developed, together with citizen support for strong law enforcement and other preventive measures. The Social Protection representatives have joined with the State and local authorities to bring about increasing understanding and cooperation among public law enforcement and health agencies, civic authorities, private welfare organizations and citizens groups. Such united action provides the only way a city can be kept clean in this field of health and welfare.

"The Social Protection Division, as a Federal agency working on a national problem, has had the cooperation of large national organizations, such as the International Association of Chiefs of Police, the National Probation Association and the American Social Hygiene Association. Through the National Advisory Committee on Social Protection and Venereal Disease and the National Women's Advisory Committee, the Division has the cooperation of a representative group of leading citizens and national, professional and membership organizations.

"Mr. Taft, Mr. George, Mr. LaFollette and I have sponsored a bill which authorizes the Federal Security Agency to continue its program of assistance to the States on social protection problems. It

RELATIONSHIPS OF THE



"We must not fall into the error of thinking that promiscuity and Prostitution is also a social and economic evil, and like promiscuity, ever in our time we are going to clean up the situation, now is the

SOCIAL PROTECTION PROGRAM

OFFICE OF THE ADMINISTRATOR

SOCIAL PROTECTION DIVISION

Provides services to States and their political subdivisions in support of community action essential to prevent prostitution, eliminate conditions contributing to sex delinquency, and provide services for the rehabilitation of sex delinquents.

PRIMARY CONTACTS

Executives of States, counties, and cities.

SECONDARY CONTACTS

Police, sheriffs, courts, welfare departments and agencies, schools, health departments, liquor commissions, hotels, tavern associations, taxicab companies, chambers of commerce, councils of social agencies, labor unions and others.

CONCERNED WITH

Repressing prostitution
Protective policing of dance halls, taverns, etc.
Self-policing by taverns, hotels, taxis, etc.
Law enforcement standards for detention, use of police-women, etc.
Redirection through social and psychiatric services
Cooperation among law enforcement, health, education and social treatment services.

AMERICAN SOCIAL HYGIENE ASSOCIATION

Works for community education and citizen organization in support of both good VD control and social protection programs.

MAKES UNDERCOVER STUDIES

UNITED STATES PUBLIC HEALTH SERVICE

VENEREAL DISEASE DIVISION

Encourages and assists public authorities, scientific institutions and scientists in the conduct of research, demonstrations and field studies relating to diagnosis, treatment, and prevention of venereal diseases. Administers grant-in-aid funds and rapid treatment center funds, and promotes improved standards and coordination of control programs in the several States.

CONTACTS

State and local health departments, scientific institutions, medical and other groups.

CONCERNED WITH

Scientific research in diagnosis, treatment, and prevention.
Field trial and evaluation of methods.
Disseminating scientific information.
Conducting demonstrations of new methods.
Providing States and localities with scientific and administrative service and consultation.
Operating federal rapid treatment centers.
Evaluating State programs.

SOCIAL SECURITY BOARD

U. S. OFFICE OF EDUCATION

STATE AND TERRITORIAL HEALTH OFFICERS

VD SECTION, NATIONAL RESEARCH COUNCIL

SURGEON GENERAL'S ADVISORY COMMITTEE ON PUBLIC EDUCATION FOR THE PRE- VENTION OF VENEREAL DISEASE

APPROVED BY

Watson B. Miller

Administrator, Federal Security Agency

Date March 6, 1946

Prostitution should be corrected only to prevent venereal disease. It threatens the basic unit of our society, the American family. If we do it."

THOMAS PARRAN
Surgeon General, U. S. Public Health Service

would be hard to imagine any decent citizen wanting to go back to the earlier vice conditions—many States and communities need help if that is to be prevented. The vice interests throughout the Nation will oppose this bill, but they will have difficulty in finding spokesmen and the arguments of those they do find will be completely foreign to the real reason for their opposition. People do not frankly advocate the rotten business of traffic in women.

“I trust the Education and Labor Committee will give S. 1779 the most serious and favorable consideration and that this Congress will act on the bill in a manner I believe to be necessary to the national welfare and will authorize the continuation and extension of the Federal Social Protection program.”

These two statements by Mrs. Bolton and Senator Pepper sum up the problems and the specific contributions which can be made toward their solution by a Federal social protection program. The chart which follows indicates the interdependency of agencies concerned with the program for safeguarding national health and welfare. JOURNAL readers and Association members—both agencies and individuals—are urged to study the value of social protection services in their states and communities and send to their Congressional representatives or to the Association any comments and suggestions which will be helpful in determining what action should be taken.

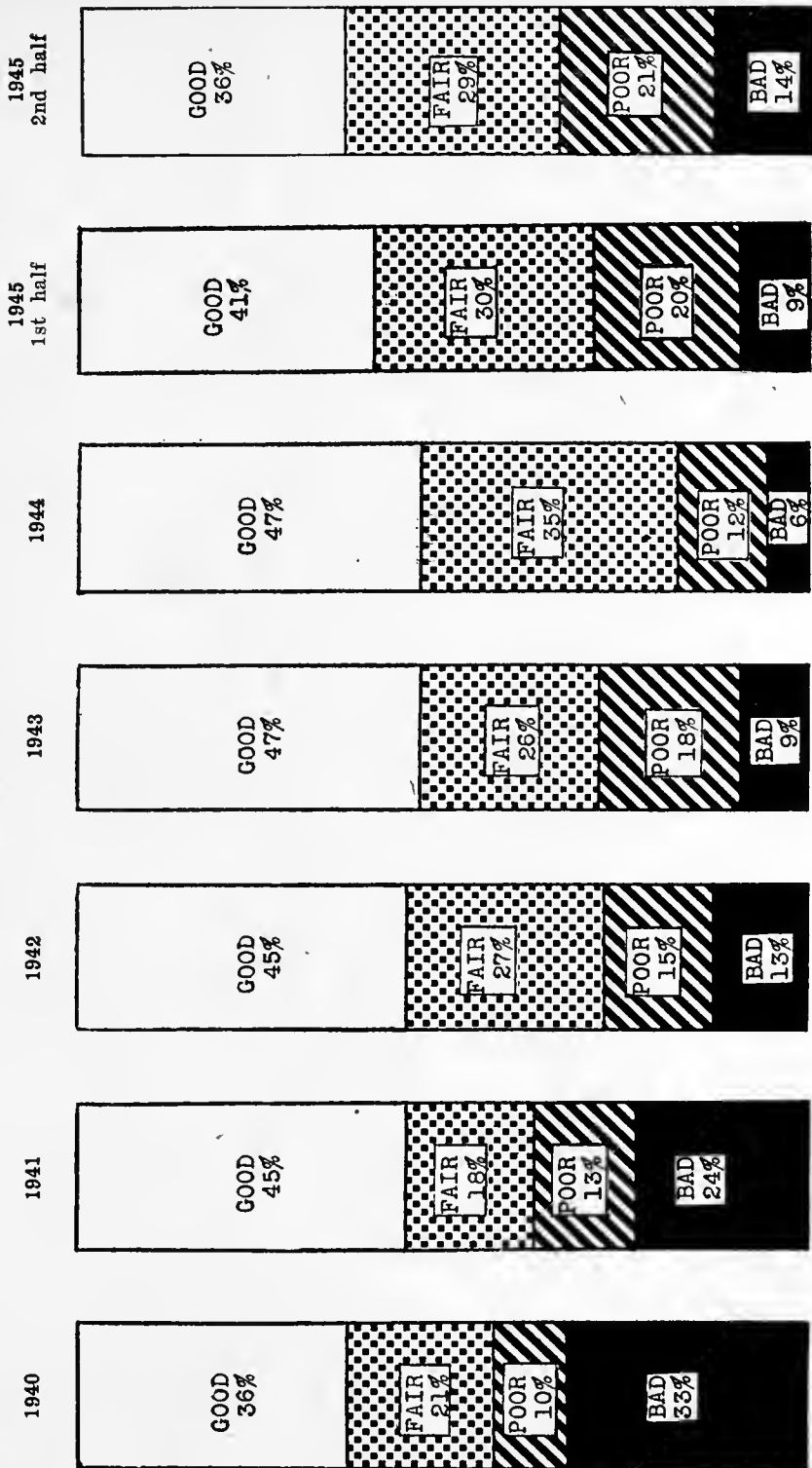
Social hygiene workers are also asked to note evidence of the need for bringing every resource to bear on this problem, as indicated by the rising trend of “bad” and “poor” prostitution conditions revealed by the Association’s confidential field studies charted on page 99. Comparison with charts on this subject drawn up previously by the Association (see in particular JOURNAL OF SOCIAL HYGIENE for May, 1945, which showed “bad” conditions in only 4 per cent of communities studied during the first three months of 1945) shows clearly that “the war against prostitution must go on.” (See JSH for November, 1945.)

THE JOURNAL FOR NEXT MONTH

The March JOURNAL will be the *Thirty-third Anniversary Number*, with accounts of the general and special sessions of the Annual Meeting on February 6 in New York City, including presentation of the William Freeman Snow Award and Honorary Life Memberships, and addresses in acceptance by Dr. John H. Stokes and Colonel Lawrence W. Harrison. A special feature will be the Social Hygiene Day address given by Surgeon General Thomas Parran in Cleveland, Ohio, on February 5, *The New Strategy Against Venereal Disease*.

THE THREATENED RETURN OF COMMERCIALIZED PROSTITUTION

An analysis of a series of 2,276 studies made by the American Social Hygiene Association, January 1, 1940—December 31, 1945, in 1,170 communities near which members of the armed forces are stationed



NOTE: In arriving at an opinion as to whether conditions in a given community should be classified as "good," "fair," "poor," or "bad," a number of closely related factors had to be taken into consideration. Briefly these are: (1) size of the community; (2) actual amount of prostitution activity found at time of survey; (3) accessibility of prostitutes, whether hard or easy to find. These factors are considered together to provide the basis for classification.

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

National Education Association Establishes Adult Education Service.—By action of the Executive Committee, the National Education Association recently set up the Division of Adult Education Service, to help schools meet the problems of adult and veteran education. Leland P. Bradford, Director of the Division, in the January *Journal of the NEA*, describes the programs and plans already under way.

"Because the problems of adults are predominantly of the 'right-now' variety," says Mr. Bradford, "and because the solutions to these problems drastically affect both adults and children, adult education assumes pressing importance today. This fact is highlighted (a) by the increased accumulation of internationally important events requiring intelligent decisions by all citizens in our democratic society if we are to escape global suicide, (b) by the millions of displaced war workers needing assistance in adjusting to a peacetime economy, and (c) by the 11 million veterans returning to the communities of America."

The new Division of Adult Education Service will serve as a clearing house of information concerning adult and veteran education activities, will assist local communities with such programs, will assist in organizing of local, state and regional groups, and will encourage and publicize research in methods and techniques of community organization.

A national advisory committee on veteran education, representing organizations and agencies vitally concerned with the education of veterans, is being formed to coordinate information, stimulate nationwide interest, and advise the NEA on policies. Plans are being laid to prepare for distribution to the schools of the country suggested guides for the establishment of adult and veterans programs in the communities of the country.

For further information, address Division of Adult Education Service, National Education Association, 1201 Sixteenth Street, N.W., Washington 6, D. C.

American Library Association Has Washington Office.—The American Library Association has established a Washington office at 1709 M Street, with Paul Howard as the Washington representative. Mr. Howard reports that "while it is still too early to predict how much demand will be placed upon scholarly and research libraries by increased federal participation in individual research projects or by a unified research program, there is evidence that officials are becoming increasingly aware of library needs." Besides their interest in promoting adequate bibliographical and library services for American research, the new office will interest itself in information on the distribution of surplus property as it affects libraries.

Army Awards.—Recent awards by the Army Medical Department for outstanding service during the war period have gone to several friends and colleagues of social hygiene who are or have been until recently officers of the Army Medical Corps. Among these are:

Major General Warren F. Draper, U. S. Public Health Service, for service as Chief of the Public Health Branch, G-5 Division, Supreme Headquarters, Allied Expeditionary Force, May 1944–June 1945—the Distinguished Service Medal. General Draper, who has returned to his duties as Deputy Surgeon General of the U. S. Public Health Service, directed the formulation and execution of the Supreme Allied Commander's policies governing public health in liberated nations and conquered territories. "The plans and procedures drawn up by General Draper," reads the citation, "were successful in every test. By controlling disease in Europe, he contributed in the highest degree to the success of the Allied forces."

Brigadier General Stanhope Bayne-Jones, MC, AUS, for his outstanding contribution to the maintenance of health within the Army as Deputy Chief, Preventive Medicine Service, Office of the Surgeon General—the Distinguished Service Medal. "As Administrator of the Epidemiological Board," the citation stated, "he directed the extension, administration, and military application of the worldwide research and control program conducted by this board and its ten commissions." General Bayne-Jones, who served in the Medical Reserve Corps throughout World War I, was Professor of Bacteriology and Dean of the School of Medicine at Yale University before being recalled to active duty in 1942.

Brigadier General James S. Simmons, MC, U.S.A., for "directly contributing to the winning of the war and securing enduring and immediate benefits to the worldwide program of military and civil public health by reducing hazards to the health of troops"—the Distinguished Service Medal. General Simmons has been Chief of the Preventive Service, Office of the Surgeon General since 1941, and had a large part in the Army's record of only six deaths from disease per 10,000 soldiers in this war as compared with 165 per 10,000 in World War I.

Brigadier General Albert G. Love, MC, U.S.A., Retired, for his service as Director of the Historical Division, Office of the Surgeon General—the Legion of Merit. General Love was commissioned in the Army in 1906 and retired in July 1941, but was reappointed immediately and served throughout the war in the rank of Colonel, as head of the SGO Historical Division. He had previously served as Chief of the Planning and Training Division and Chief of the Vital Statistics Division.

Colonel Thomas B. Turner, MC, AUS, for his part in "some of the most important advances made in Preventive Medicine Service

during World War II—the Legion of Merit. Colonel Turner was commissioned in 1942 and appointed Director of the Venereal Disease Control Division, Office of the Surgeon General. In January, 1944, he was designated Director of the Civil Public Health Division, where he served until his separation from service in January. Colonel Turner has returned to his post in the School of Public Health, Johns Hopkins University.

Lt.-Col. Margaret D. Craighill, MC, AUS, for her work in connection with medical examinations of women for the service—the Legion of Merit. Dr. Craighill, who is now back at her prewar post as Dean of the Woman's Medical College of Pennsylvania, was the first woman to be commissioned in the Army Medical Corps and served as Chief of the Women's Health and Welfare Unit, Office of the Surgeon General. She is serving as consultant to the Veterans Administration on medical care of women veterans.

Lt.-Col. Thomas H. Sternberg, MC, AUS, for outstanding work as Director of the Venereal Disease Control Division, Office of the Surgeon General, and before that as Chief of the Treatment Branch of that Division—the Legion of Merit. The citation states that Col. Sternberg "played an active and important role in the research on penicillin methods of treatment. Largely through his efforts the results of this research were quickly applied to the venereal disease problem in the Army, revolutionizing within an amazingly short period the entire approach to treatment of these diseases. His achievements were a prime factor in establishing the control of venereal diseases, a record which reflects great credit upon himself and the entire Medical Corps of the Army."

Captain Granville W. Larimore, MC, AUS, for his work with control of venereal disease at the Army Air Forces Southeast Training Center, Maxwell Field, Alabama—the Army Commendation Ribbon; and for organizing and carrying out the Army's health education program as Chief of the Health Education Unit, Preventive Medicine Service—the Legion of Merit.

Navy Awards.—Vice Admiral Ross T. McIntire, Chief of the Bureau of Medicine and Surgery, and Surgeon General of the Navy, was awarded the Distinguished Service Medal in January. The presentation was made at the Navy Department in Washington by Secretary of the Navy James Forrestal, with the following citation: "For exceptionally meritorious service to the Government of the United States in a duty of great responsibility as Chief of the Bureau of Medicine and Surgery and Surgeon General of the Navy from December 7, 1941, to August 31, 1945. Displaying extraordinary foresight, unerring judgment and great administrative ability, Vice Admiral McIntire directed the planning and the practical application of the vast program which provided medical care and supply for the Navy and

the Marine Corps on a scale and with a degree of success unprecedented in naval warfare. His outstanding achievement had a direct and vital part in the successful prosecution of the war."

Secretary of the Navy James F. Forrestal has awarded Commander John W. Ferree, MC-USNR, the Navy Commendation Ribbon for service as set forth in the following citation:

"For outstanding performance of duty while serving as Officer in Charge, Venereal Disease Control Section, Bureau of Medicine and Surgery. Responsible for the operation of the venereal disease control program in the Navy, Commander Ferree rendered service of inestimable value in holding to a minimum the social disease rates in the Navy. Consistently maintaining sound relationships with other Government agencies dealing with the control of such diseases, he contributed materially to the effectiveness of the joint efforts. His leadership, tact and judgment in the discharge of his difficult and exacting responsibilities were important factors in the results achieved by his Section of the Bureau during the prosecution of the war and his efforts throughout reflect the highest credit upon Commander Ferree and upon the United States Naval Service."

Lieutenant Commander John L. Ward, MC-USNR, received a citation from Vice Admiral Arthur S. Carpender, Commandant Ninth Naval District, commending his work in carrying out the venereal disease control and Joint Army and Navy Disciplinary Board duties in that District.

Lt. Howard Ennes, USNR, Dr. Ferree's assistant in the Venereal Disease Section, was cited by Surgeon General Ross T. McIntire, as follows:

"In accordance with the provisions of Seenav letter dated 18 September, 1945, I wish to commend you for outstanding performance of duty while serving in the Preventive Medicine Division of the Bureau of Medicine and Surgery.

"Your ability and devotion to duty as demonstrated in this assignment have contributed materially to the successful functioning of the Bureau in the critical period of national emergency, and are considered in keeping with the highest tradition of Naval Service."

ASHA Appoints New Associate Director.—The American Social Hygiene Association, has announced the appointment of J. Patrick Rooney as Associate Director.

Mr. Rooney's work with the American Social Hygiene Association will be devoted to planning and development of the postwar phases of its program and he will be attached to the headquarters staff at 1790 Broadway, New York City.

Mr. Rooney was formerly associated with the New York Staff of the National War Fund, prior to which he had long experience in recreation and other welfare activities in Albany, Indianapolis and the mid-west. He was Director of Activities at the Albany Home for Children at Albany, New York, and has held field positions with the Catholic Youth Organization of Indianapolis and the National Recreation Association. For two years he served as Assistant Superintendent of Recreation on the City Park Board of Indianapolis. Having received early schooling in Schenectady, he was graduated from New York State College for Teachers and holds the degree of Master of Science in Social Work from Catholic University, Washington, D. C.



MR. ROONEY

Current Events and Dates Ahead

- | | |
|--|---|
| March 31-
April 7 | National Negro Health Week. Thirty-second observance. Objective— <i>A Healthy Home in a Healthy Community</i> . Write for full information to National Negro Health Week Committee, U. S. Public Health Service, Washington 14, D. C. |
| March 21-
April 21 | Easter Seal Campaign for Crippled Children. Silver Anniversary of National Society for Crippled Children and Adults. For further information write to the National Society at 11 South LaSalle St., Chicago 3, Illinois. |
| April 1-7 | National Boys' Club Week. |
| April 6-8
Philadelphia | National Conference on Family Relations, Annual Meeting. Theme: <i>New Foundations for Marriage and the Family</i> . |
| April 7-13 | Know Your Public Health Nurse Week. Sponsored by the National Organization for Public Health Nursing in cooperation with the U. S. Public Health Service. Publicity kit and other materials may be ordered from NOPHN, 1790 Broadway, New York 19, N. Y. |
| April 7-13
Hotel Sherman
Chicago | Joint Conference of Industrial Hygienists. Five professional societies will participate: American Association of Industrial Physicians and Surgeons; American Industrial Hygiene Association; National Conference of Governmental Industrial Hygienists; American Association of Industrial Nurses, and American Association of Industrial Dentists. |
| April 9-13
Hotel Jefferson
St. Louis | Annual Meeting, American Association for Health, Physical Education and Recreation. |
| May 8-15
Mexico City | Fifth American Congress of Teachers. Attendance and cooperation is asked of all member groups, national departments of education, cultural centers, and other organizations interested in world educational problems. |
| May 19-25
Buffalo | National Conference of Social Work. 73rd Annual Meeting. |
| June 17-21
Stevens Hotel
Chicago | General Federation of Women's Clubs convention. |

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

District of Columbia Pharmaceutical Association and Social Hygiene Society Join in Educational Program.—A three-way project for pharmacist participation in public education on venereal disease was that developed by the D. of C. Social Hygiene Society and the D. of C. Pharmaceutical Association during January and February. Steps 1 and 2 in the project consisted of letters as shown below:

THE DISTRICT OF COLUMBIA PHARMACEUTICAL ASSOCIATION,
INC.

WASHINGTON, D. C.

January 28, 1946

To the Pharmacists of the District of Columbia:

The District of Columbia Pharmaceutical Association, along with many other local organizations, is again privileged to assist the Social Hygiene Society of the District of Columbia in its venereal disease control educational project and we urge the full cooperation of all of our members.

Very often the pharmacist is the first person to be consulted by those who have, or fear they have, a venereal disease. Knowing that self-medication is not only inadequate, but dangerous, the modern pharmacist is bound by humane duty to urge proper, qualified, medical care. We are quite sure that the pharmacists of Washington, recognizing their responsibility as a citizen and as a guardian of the public health, will see that venereal patients promptly receive proper treatment.

The Social Hygiene Society is sending each drug store a poster calling attention to National Social Hygiene Day, which will be observed locally on February 13th. You will also receive a supply of information pamphlets. We hope that you will place the poster where it will receive public attention and will keep the pamphlets handy for distribution. When asked for advice about venereal disease:

1. Direct the patient to a physician.
2. If private medical care cannot be afforded, direct the patient to the most convenient clinic.
3. Give the patient the proper pamphlets supplied by the Social Hygiene Society.

The control of venereal disease is a vital public health problem. We know that every pharmacist will be glad to cooperate.

JOHN E. DONALDSON, *President*
District of Columbia Pharmaceutical Association

SOCIAL HYGIENE SOCIETY
OF THE DISTRICT OF COLUMBIA
927 Fifteenth Street, N. W.
WASHINGTON 5, D. C.

January 28, 1946

To All Members of the D. C. Pharmaceutical Association,

Gentlemen:

Within a few days the delivery agent of the Washington Wholesale Exchange will bring you a poster and a dozen pamphlets for use in the

venereal disease control educational project on which our two organizations are working. Your president suggests placing this poster in some prominent place where it will receive public attention. As for the free pamphlets, don't hesitate to 'phone us if you need more of them.

The poster is a decorative one calling attention to National Social Hygiene Day which will be celebrated locally on Wednesday, February 13th. In addition to your Association, a host of other organizations (including the D. C. Health Department) are participating.

Cordially,

RAY H. EVERETT

Executive Secretary

Step No. 3 was an article by Mr. Everett in the January issue of the *National Capital Pharmacist*, which described the cooperation given to the social hygiene program locally by pharmacists for more than twenty years, with the result that Washington has consistently had a fine record for adherence to ethical standards. "Today," said Mr. Everett in conclusion, after referring to the fine work done by the Joint Committee of the ASHA and American Pharmaceutical Association, "health departments, medical societies, social hygiene agencies and pharmaceutical associations are all pulling together in the war against these two great health hazards—syphilis and gonorrhea. . . . Accept our keen appreciation for your yeoman services in helping to make Washington a healthier and more livable community."

Illinois: Joliet Holds Classes for Parents.—Probate Judge Fred R. Adams of Will County, Illinois, has initiated a series of classes for the parents of delinquent children, with the backing of the State Department of Correction. The course, which is being given in Joliet, had its first session in late January. Attendance, which is compulsory for parents of all children brought into court, totaled thirty-four at the opening session, at which Probate Judge Edgar F. Thoma of Du Page County told the assembled "students" that nearly every case of juvenile delinquency could be traced to conditions in the home. "You have got to be good parents to have good children" was the theme of his address.

Later meetings of the school for parents deal with *The Influence of the Schools; The Child, the Parent and the Church*, and *The Child, the Parent and the Law*. Speakers include educators, clergymen, judges and probation officials.

Massachusetts Society for Social Hygiene Establishes Western Branch.—Springfield is the headquarters and center of activity of the newly organized Western Branch of the Massachusetts Society for Social Hygiene, which opened its office there on September 1, 1945. The principal activity of the Western Branch, like that of its parent organization, is educational, and is directed along two general lines: sex education, including preparation for marriage and family life, and health education aimed at the prevention and control of syphilis and gonorrhea.

The method employed to attain these aims is mass education through lectures, publicity, and the distribution of sound educational material. The Western Branch uses pamphlets published by the Massachusetts Society for Social Hygiene, the ASHA and other organizations, and maintains a free lending library where helpful and authoritative books are available without charge for all who wish to borrow them. There are books for boys and girls, for young people who are going to be married, for parents and teachers, social workers, nurses, the clergy, and others. The material is selected with great care to help people of varying ages, professional or non-professional interests, who wish to have up-to-date information and advice on specific phases of health and human relations which a social hygiene program is designed to give.

Officers of the Western Branch are: Mr. Raymond T. King President; Dr. Edward C. Sullivan, Vice-president; Mr. Harry H. Kenney, Treasurer; Mr. John L. Irwin, Secretary; Miss Madeleine McChesney, Executive Secretary. Headquarters office is located at 145 State Street, Springfield 3, Massachusetts.

New York Conference of Tuberculosis Association Executives.—

Making Things Happen was the subject for the Annual Conference of Executives of the County and City Tuberculosis and Health Associations of New York, called by the State Committee on Tuberculosis and Public Health of the State Charities Aid Association in Syracuse, Feb. 18 to 21. One of the morning sessions was devoted to *Social Protection and Social Hygiene* and the aiding of the forces of law and order to extend the program for repression of prostitution was discussed. Mrs. Hazel Waterman, policewoman of Watertown, N. Y., described local methods for preventing and handling delinquency and prostitution, while Mr. Thomas E. Connolly, State Social Protection Representative, discussed local program experiences. Dr. Spencer D. Parratt, Professor of Citizenship and Government of the Maxwell School of Public Administration, presented the philosophy and program of State Government relating to social protection. Kenneth R. Miller, Director, ASHA Public Information Service, talked on "Making Things Happen by Continued Public Education."

This session also included information reports on Social Hygiene Day observances throughout the State.

New York Academy of Medicine Holds Annual Health Education Conference.—

Theme of the Sixth Annual Health Education Conference, held by the New York Academy of Medicine at the Academy building on Thursday, January 17th, was *Biology Instruction at the High School Level*. Among the participants were Dr. George Wald, associate professor of biology, Harvard University; Miss Hazel Corbin, Director, Maternity Center Association; Dr. Frank J. O'Brien, associate superintendent of the Board of Education; Dr. Lyman Bryson, director of education of the Columbia Broadcasting System; and other representatives of the school system and of voluntary and official health organizations. Chairman for the morning session was Dr. Donald B. Armstrong, second vice-president of the Metropolitan Life Insurance Company. Dr. Ernest L. Stebbins, commissioner of health of New York City, was chairman in the afternoon. The Conference was planned and administered by Dr. Iago Galdston, Executive Secretary, Committee on Medical Information of the Academy of Medicine.

The speakers and discussants on this program emphasized over and over again the opportunity open to the biology teacher to help prepare young people to live healthy, happy, effective lives as members of a family group. Health education about the venereal diseases, sex education, the building of sound attitudes toward family life on the part of young people soon to embark on the great adventure of marriage, are seen by the forward-looking teacher of biology as part of his job. This is sound social hygiene, as is the program of health education and sex education integrated into the school curriculum. The biology teacher is in a strategic position in this field and he—or she—is apparently thinking long thoughts about that opportunity and the responsibility that it entails.

New Jersey: A "Coordinated Program of Cooperating Agencies" Operated by a State Tuberculosis League.—The Social Hygiene Committee of the New Jersey Tuberculosis League has drawn up the accompanying diagram to set forth its philosophy and approach to achievement of its purpose, which is "the protection and improvement of the American family as the basic social institution." Four avenues of approach to its problems are recognized: (1) medical and public health; (2) legal and protective; (3) education of the community; (4) education in the school. Close cooperation with official agencies responsible for medical and public health and legal and protective activities is maintained by representation of the responsible official bodies on the Social Hygiene Committee. The Committee's own program is primarily an educational one, and includes education about the venereal diseases and education for human relations and family life.

The latter program of education is guided by a Social Hygiene Education Advisory Committee to the New Jersey State Department of Public Instruction, and by the Social Hygiene Education Chairman of the New Jersey Congress of Parents and Teachers. The school and the home are reached through this planning, with the education of the community as the final objective.

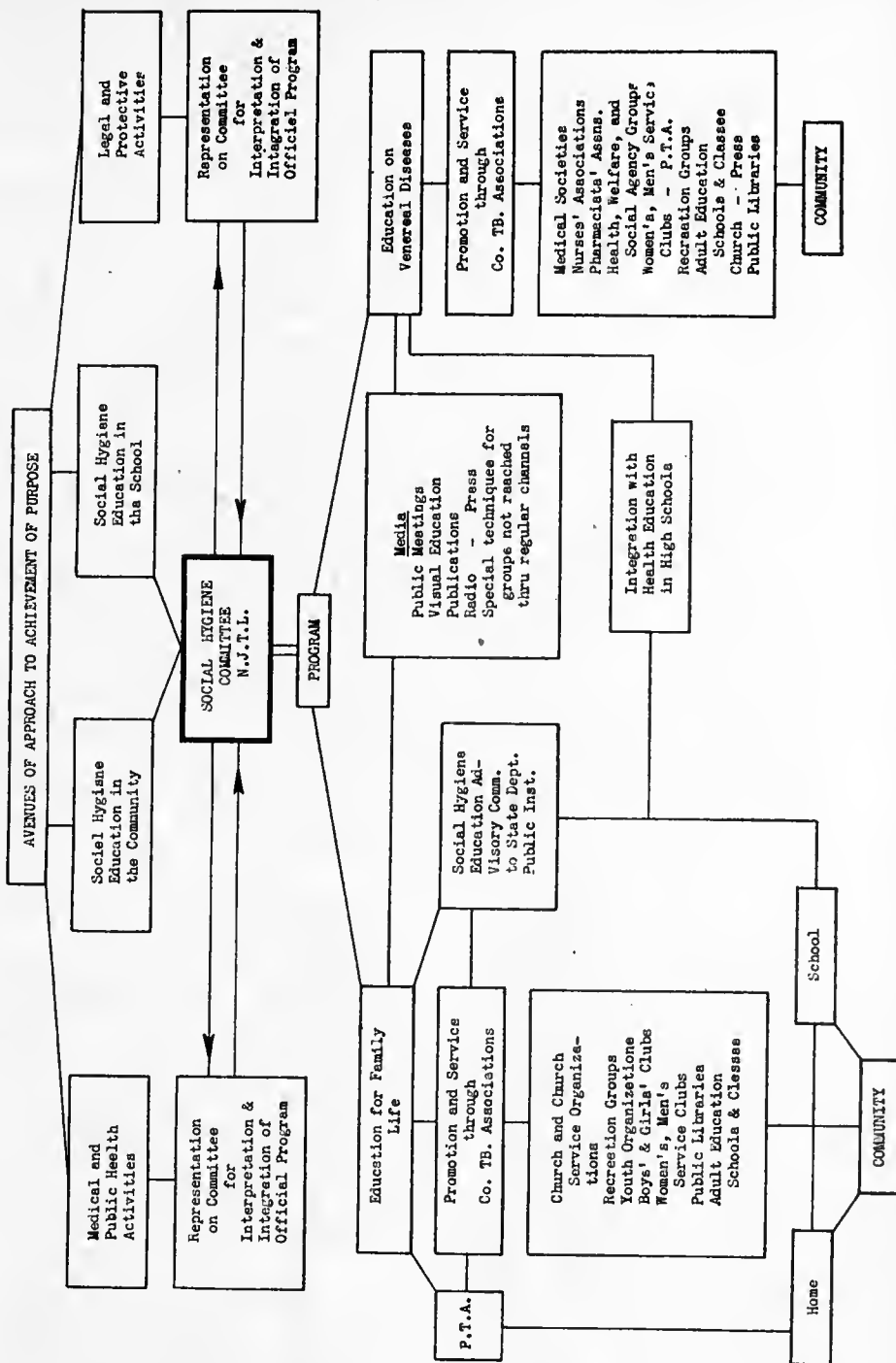
The program of education on venereal diseases as it affects the school is a part of the health education program in high schools and is integrated with appropriate subjects. Health education for the general public is planned in cooperation with community agencies.

The usual media for promotion of educational programs are employed. Twenty-one county associations affiliated with the New Jersey Tuberculosis League work with and through community organizations in order to reach the public, as indicated on the chart.

Ohio: Cleveland Druggists Cooperate.—The Joint Social Hygiene Committee of the Cleveland Academy of Medicine and the Health Council is sponsoring an educational program in cooperation with the Northern Ohio Druggists Association that was begun during National Pharmacy Week and will be carried on for a time thereafter. Special pamphlets were printed for distribution in this program.

SOCIAL HYGIENE PROGRAM

Social Hygiene Philosophy: To protect and improve the American family as the basic social institution.



The Committee says: "The pharmacists are proving very cooperative and feel that they have not had previously sufficient representation on our various health committees. They have now furnished us in this county with a potential one thousand health educators who are in a related profession, and in constant contact with the public."

"In addition to distributing the pamphlets, the ASHA countereard, *Calling All Communities*, was also distributed, to which was added the sentence, 'Free! Take One!' Dr. Robert N. Hoyt talked briefly at their meeting at which National Pharmacy Week was celebrated. It was found that the majority of pharmacists were willing to cooperate, if given the means to do so, and few of the leaders even went so far as to go out personally and contact other druggists, where they thought the need was greatest, in an effort to elevate the level of their profession as well as to see that the pamphlets were distributed."

"By the combination of this educational program and action against the few druggists who do not cooperate, we have found that a great deal can be accomplished. In the past year five or six druggists have been taken to court and fined for practicing medicine without a license. This was done in cooperation with the Food and Drug Division of the Department of Health. One of those fined was the largest chain drug company in the area. Cooperation with the Federal Food and Drug Administration has helped a great deal in removing several of the patent medicines from their shelves, and at the present time two of the largest chain drug companies are refusing to sell any patent medicine that has been used for the treatment of venereal diseases."

Oregon State Health Officer Surveys VD Problem.—In an article in the February issue, *Oregon Health Bulletin*, Dr. Harold M. Erickson, State Health Officer, takes stock of the increase in venereal disease in the State since 1940, and points out that every effort must be made to continue and strengthen control measures during the postwar readjustment period. The report says:

"As shown in recent studies the greatest number of venereal disease cases occurred in 1944. Of 5,315 cases reported, 2,091 were syphilis, and 3,199 gonorrhea."

"We must realize that although the total of cases was down slightly in 1945 to 4,932, there was an increase in gonorrhea cases to 3,215, and that the rates for both are up if we consider that our population has probably decreased due to decline in war industry."

"The army and navy maintained excellent control of venereal disease through early diagnosis and treatment of cases. They were very helpful to civilian public health agencies in getting and furnishing them with information on contacts. The latter responsibility must now be assumed by private physicians and public health departments."

Dr. Erickson is of the belief that the incidence of venereal cases can be reduced with certainty.

In view of the problem which confronts civilian agencies working alone he submits a four-point program:

1. We must continue and improve efforts to inform the general public in regard to venereal disease.

2. Better recreational facilities must be provided—especially for young people.

3. Law enforcement agencies must continue to repress prostitution and other vice conditions leading to the spread of venereal disease.

4. Communities must strengthen facilities of health departments in order that they may provide better case finding, diagnostic, and treatment facilities.

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Secretary, Committee on Inter-American Cooperation

International Labor Conference Considers Needs of Children and Youth.—Katharine F. Lenroot, Chief, U. S. Children's Bureau, who served as adviser to the U. S. delegation attending the International Labor Conference in Paris, October 15–November 30, 1945, reports the problems of children and youth were given a prominent place in this first postwar ILO conference. "Deep concern," she said in a talk shortly after her return to the United States, "is felt everywhere in the world for a generation of young people that has had to bear the brunt of the war's impact, in lost educational opportunities, impaired health, and family security."

Delegates to the ILO conference from European countries reported on conditions in their homelands as a result of war and enemy occupation.

"The story is much the same for all Europe," Miss Lenroot said. "Economic life is broken down; material resources have been destroyed; the physical resistance of the people, after these years of privation, has been weakened. Families are separated. And, a serious matter, large numbers of youth are demoralized."

"The French, for example, are greatly concerned about what has happened to their young people. Grave malnutrition and tuberculosis are common, and no less serious than their health condition is the social maladjustment often encountered. Topsy-turvy codes of conduct learned by young people during the occupation cause trouble now. Juvenile delinquency has increased seriously, and both Government departments and private agencies are now trying to combat it."

In a resolution concerned with the youth of liberated countries, Miss Lenroot reported, the ILO asked for full

material and moral support in the task of reconstruction by all nations which are able to do so, and "in particular those which have escaped the ordeal of occupation by the enemy."

The Children's Bureau Chief served with Mrs. Alva Myrdal of Sweden as reporter for the ILO Committee on Protection of Children and Young Workers. A statement of principles adopted by this committee, and later by the whole Conference, deals with health, social protection and education, and particularly with the protection of young workers. This statement calls upon Government, "whilst encouraging the fullest discharge of individual and family obligation," to accept responsibility for the health, welfare, and education of all children and young persons of either sex, regardless of race, creed, color or family circumstances. This is to be done through national action and through appropriate measures of international cooperation.

Central-American Conference on Venereal Diseases Set for April.—Dr. Ray Lyman Wilbur, ASHA President and Chairman of the Committee on Inter-American Cooperation, has received word from Dr. Jose Amador Guevara, Chairman of the Committee to organize the First Central American Conference on Venereal Diseases, that

this meeting will be held in Panama City, April 19 to 26, 1946. Dr. Wilbur has also received from Senor J. J. Vallarino, Panamanian ambassador to the United States Government in Washington, and from Dr. Arturo Tapia, C., Chairman of the local Committee on Arrangements in Panama, invitations for the Association to participate in the Conference.

Also invited to participate, we learn, are the Pan American Sanitary Bureau and the Inter-American Cooperative Public Health Service (Institute of Inter-American Affairs).

Plans for the Conference were initiated through a resolution offered by Dr. Amador Guevara, who is Director of Venereal Disease Control for the Costa Rican Ministry of Health, at the Thirteenth Annual Conference of Rotary International, 42nd District, held in Managua, Nicaragua, April, 1945. At this time a Committee was appointed to represent each of the Central American Republics, including as members, aside from the chairman, Dr. Eduardo Barrientos, El Salvador; Dr. Alejandro Palomo, Guatemala; Dr. Jose R. Duron, Honduras; Dr. Rafael Urtecho, Nicaragua, and Dr. Tapia C., Panama.

Following adoption of the resolution and appointment of the Committee, endorsement of the Republic governments was secured, and committees of physicians and public health officials were formed in each country to promote interest and participation.

The week's program of the First Conference will be conducted on a four-section basis: 1. Diagnosis of the Venereal Diseases. 2. Treatment. 3. Control Methods. 4. Other Aspects of the Venereal Problem.

Plans for the Second Central-American Conference on Venereal Diseases will be discussed during the April meeting.

U. S.-Mexico Border Public Health Association Will Hold Annual Meeting.—Immediately following the Central American Meeting, the Fourth Annual Border Health Conference will occur April 29 to May 1, in El Paso, Texas, and Juarez, Chihuahua, Mexico, according to announcements issued by Dr. Harold Wood, Secretary. Among the problems assigned for discussion this year are the Venereal Diseases, with Dr. John R. Heller, Jr., Director, Venereal Disease Division, U. S. Public Health Service, as chairman of a special session on this topic.

Pan American Sanitary Conference.—The Government of Venezuela has appointed an Organizing Committee for the Twelfth Pan American Sanitary Conference, to be held in Caracas, Venezuela, September 14 to 25, 1946, according to an announcement by Dr. Hugh S. Cumming, Director, Pan American Sanitary Bureau, Washington, D. C. Members of the Organizing Committee are: Dr. Armando Castillo Plaza, Chairman; Dr. Santiago Ruesta Marco, Secretary; Dr. Alfredo Arreaza Guzman, Dr. Jose A. Giacobina and Dr. Arnoldo Gabaldon.

Control of venereal diseases is one of the subjects on the agenda.

Europe: Rapid Increase in Syphilis During War.—Gains in the reduction of syphilis in European countries, one of the most brilliant public health achievements in the inter-war period, now seem to have been almost entirely wiped out, according to a report pub-

lished by the *Epidemiological Information Bulletin* (June 30, 1945 issue) of the United Nations Relief and Rehabilitation Administration's Health Division. "Up to 1941," the report says, "the spread of syphilis was relatively moderate, but since then it has become increasingly rapid."

"In Europe, an efficient system of syphilis case reporting has been in force for any length of time only in the Scandinavian countries. These records are, therefore, of unique value for determining the extent of the increase. In Denmark and Norway, the reporting may be considered practically complete, in Sweden and Finland sufficiently good to show the trend.

NEW CASES OF SYPHILIS REPORTED IN DENMARK, NORWAY AND SWEDEN, 1932-44

Year	Denmark		Norway		Sweden	
	Cases	Index	Cases	Index	Cases	Index
1932-35.....	831	167	459	141	581	187
1936-39.....	652	131	400	123	...	...
1940.....	498	100	326	100	311	100
1941.....	565	113	529	162	287	92
1942.....	859	172	1,156	355	441	142
1943.....	2,392	480	2,037	625	953	306
1944.....	2,225*	765	852*	627	815*	393

* The 1944 data covers 7 months for Denmark, 8 months for Sweden, 5 months for Norway.

"It appears from the above table that the steady reduction of syphilis cases continued in Denmark and Norway up to 1940, the year of the invasion. In both countries, the rise began the following year and became greatly accentuated in 1942 and 1943. During the latter year, there were 4.8 times as many new syphilis cases in Denmark as in 1940, in Norway 6.25 times as many. In Denmark, the rise continued in 1944, while in Norway the level of 1943 remained unchanged during the first five months of 1944. Assuming that the incidence would be the same during the second half of the year as during the first half, for which information is now available, we find, compared with 1940, an eight-fold increase in Denmark, and a six-fold increase in Norway. In other words, up to 1942, the increase was greatest in Norway, but shows signs now of letting up, while in Denmark it has become accelerated. Both countries were invaded on the same date, but at any rate until late in the occupation period, conditions were more upset in Norway than in Denmark.

"In Sweden, which remained free, the incidence of syphilis did not begin to rise until 1942, but the increase has become accelerated since then. Since conditions of life in Sweden have never at any time become really troubled, this is a clear indication that the spread in neighboring countries of a disease, even so limited in its mode of transmission as syphilis, is bound to affect the local situation.

"In 1943, the incidence of new syphilis cases was 68 per 100,000 inhabitants in Norway and 61 in Denmark. Adjusted as for a year, the rate was 97 per 100,000 in Denmark for the first half of 1944. In 1920, 4,329 syphilis cases were reported in Denmark. The reduction from 1920 to 1940 was 88.5 per cent. In less than four years, this gain has been completely wiped out.

"During ten months up to April 1944, 4,111 new cases of syphilis were reported in Finland, which would give

4,900 cases for a year. Statistics of syphilis cases are not available here for later years than 1934, when 2,056 cases were notified. The reported incidence is 132 per 100,000 population. Data for the first quarter of 1945 did not show further increase.

"Syphilis was made notifiable in Belgium from the beginning of 1942. During that year, 1,796 new cases were reported. There were 2,538 cases in 1943, and 1,526 during the first half of 1944. The reporting is clearly incomplete, but it is significant that the

NEW SYPHILIS CASES REPORTED IN SCANDINAVIAN CAPITALS, 1936-44

Year	Copenhagen	Oslo	Stockholm	Helsinki
1936-39.....	275	124	88	323
1940.....	292	96	103	442
1941.....	247	243	113	783
1942.....	346	427	158	583†
1943.....	1,283	629	402	...
1944.....	1,057*	296*	309†	...

* Eight months. † Seven months.

"The movement of syphilis in the capital cities of these countries shows similar trends, except that in Copenhagen the increase began later than in the rest of the country, and that in Stockholm it was somewhat greater than in the remainder of Sweden.

"The actual population of these cities is somewhat uncertain at present, but the rate of incidence in 1943 would seem to be about 170 per 100,000 for Copenhagen, 210 for Oslo, and 70 for Stockholm. The 1942 rate for Helsinki should be around 380 per 100,000 inhabitants.

"The parallelism of the Scandinavian records leads one to expect a similar evolution in the rest of Europe, and this is confirmed by the fragmentary evidence at hand. New civilian cases reported in Germany (where the notification was defective) increased from 23 per 100,000 population in 1938 to 43 in 1940. Deaths from congenital syphilis in large German cities increased 73 per cent from 1941 to 1942. No data are available for later years, but there can be no doubt that, as in Scandinavia, the greatest increase has taken place during the last two years.

figures show a 70 per cent increase from 1942 to 1944. Deaths from congenital syphilis increased from 220 in 1940 to 403 in 1941.

"In France, notification of syphilis cases was introduced only in July 1943, but no data are so far available. Records of dispensaries in various cities indicate that the new cases seen there almost doubled from 1941 to 1942, and again more than doubled from 1942 to 1943. Unofficial reports from Italy speak of a marked increase of syphilis.

"When such evidence is pieced together, it becomes evident that the problem of syphilis control is now at least as urgent, if not more so, than it was after World War I. The longer the period of disorganization will last, the greater will be the spread and the more difficult it will be once more to get the sources of infection under control. One of the tasks awaiting the coming World Health Organization might be to undertake a comparative study of methods of combating venereal disease in order that systems the value of which have been proved, may be adopted in preference to procedures found less successful in the past."

Knud Stowman, Chief, Epidemiological Information Service, Epidemic Control Section, UNRRA, states that additional information on this situation, now being compiled on a standardized and stabilized basis among the countries, will be released as soon as possible. It is hoped that the new data may show a more encouraging picture as a result of the interim efforts to protect and improve world-wide health.

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

REPORT ON A FLYING TRIP

The miracle of transportation by air has become an everyday fact of life. Coverage that a few years ago would have been possible only in a trip of several months became recently a six-week ASHA itinerary of twenty-six flights with stopovers in twenty-two states and more than thirty communities. Starting in Charleston, West Virginia, stops were made in Cincinnati, Detroit, Chicago, Des Moines, Omaha, Denver and Salt Lake City; en route to the west coast, where Portland, Spokane, Seattle, San Francisco, Los Angeles and San Diego were visited; then back to New York by way of Phoenix, San Antonio, New Orleans, Atlanta and Birmingham. Verily, the promoters of national programs in business or health can have no excuse for not keeping in touch with the field.

In the January issue of the JOURNAL various communities were listed in which commitments had been made to distribute the tabloid leaflet, *You and Your Health*, and it was pointed out that personal follow-up was needed to get most of these programs going. It can be reported that as a result of the flying field trip just completed some of these projects are much nearer realization, namely, those in Atlanta, Birmingham, New Orleans, and on a state level in Iowa. Meanwhile, mass distribution of *You and Your Health* is now under way in Chicago (250,000), and has been completed in San Antonio (100,000), Fort Wayne, Indiana (30,000), and Johnstown, Pennsylvania (30,000).

The trip also added a number of new localities where plans are being made to use *You and Your Health* in VD education programs to be sponsored jointly by health departments, social hygiene societies and other organizations. In West Virginia the State Health Department, in cooperation with the United Mineworkers, the AFL and CIO, the Farm Bureau, Junior and Senior Chambers of Commerce, American Legion and Negro organizations, hopes to achieve a distribution of 300,000 copies to members of these groups, which also will jointly finance the project. Wayne County, Michigan, including Detroit, hopes to use 300,000 tabloids; Denver, 200,000; Utah, 150,000; San Diego, 100,000; and Oregon, 200,000, to be financed jointly by the State Health Department and the Oregon Tuberculosis Association.

LABOR PRESS SUPPLEMENTS

A new way has been developed for reaching large groups of employees with VD educational material—through national trade

union publications. Arrangements are being made for *You and Your Health* to be printed as supplements, taking up the four-center-pages of the official journals of four national unions: *The United Auto Worker*, United Automobile Workers, CIO (circulation 800,000); *The National Union Farmer*, National Farmers Union (circulation 280,000); *The Brewery Worker*, Brewery Workers Union, AFL (circulation 50,000); and *The Textile Challenger*, Textile Workers Union, AFL (circulation 50,000). Since these papers are circulated across state lines, the supplements will probably be presented under the joint sponsorship of the union, the ASHA and USPHS.

GRADUATION DAY IN DETROIT

A coast-to-coast and north-to-south journey through the United States, even on a one-night-stand basis, is bound to offer stimulating and unusual experiences. Graduation exercises at the Health Institute, United Auto Workers-CIO, in Detroit on January 30th, were unique in many ways. The Health Institute, housed in the former Edsel Ford mansion, is a well equipped and staffed diagnostic center, under the direction of Dr. I. Donald Fagin, formerly of USPHS. In what was once the ballroom of the sumptuous Ford residence your reporter gave the Baccalaureate Address to fifty-two students each of whom had completed a sixty-four hour course of two two-hour sessions per week on health and safety. Most of the graduates were rank and file members of Auto Worker Locals who after work came to the intensive evening sessions.



PRESENTING DIPLOMAS IN DETROIT

Left to right: Student Mildren Brian of UAW Local 306, spot welder at Budd Wheel Company; Percy Shostac, ASHA; George F. Addes, Secretary-Treasurer, UAW; Edward McFarland, Associate Professor of Economics, Wayne University.

These courses on methods of accident prevention, industrial hazards, and the promoting of positive health practices were organized by Mrs. Myrtle Miller, Institute supervisor of health education, and were jointly presented and financed by the Institute and Wayne University of Detroit. Instructors included Dr. Bruce Douglas, Commissioner of the Detroit Department of Health, Dr. Loren Shaffer, VD Control Officer, Mr. James Purdy, Vice President of the Michigan Mutual Liability Company, Captain Lamar Bailey, Detroit Fire Department, Fred McLean, Socony Vacuum Company, as well as various other state and local health department people, members of the Wayne University teaching staff, and engineers and personnel men from industry.

BECAUSE THEY WANT TO LEARN

Wayne University prepared special diplomas for the graduates and after George Addes, Secretary-Treasurer of the Auto Workers Union, and your reporter had spoken, Dr. Edward McFarland, Associate Professor of Economics at Wayne University, presented the diplomas. This was an inspiring occasion which gained significance by the fact that the largest union in the United States could focus its attention on health education in the midst of the longest and most extensive strike in the history of the automotive industry.

The fifty-two graduates have gone back to their shops determined to organize labor-management health and safety committees in their plants and inspired to stimulate health education programs among their fellow employees. Classes will be continued for a new crop of students while plans are maturing for an advanced course of study to be sponsored by the University of Michigan, with every expectation that help will be forthcoming from Dr. A. L. Brooks of Fisher Body, Dr. Clarence D. Selby of General Motors, Dr. John M. Amiss of the Chrysler Corporation, as well as other prominent members of the Michigan industrial, public health, and academic communities. Conflict between labor and management may be unavoidable at the bargaining table, but enlightened self-interest intelligently directed can certainly unite both groups for their mutual good in the health field.

INDUSTRY VS. VD

Space limitations make it impossible to describe the many peaks of interest confirming the heightened public concern with social hygiene problems in evidence throughout the country. However, one striking example of this national awareness must be put on the record. Last month an unsolicited request came to ASHA headquarters from the Seiberling Rubber Company of Akron, Ohio, for help in setting up a VD case-finding and education program. J. P. Seiberling, president, and Tom Buchanan, public relations man for this alert manufacturing firm with some 3,000 employees, were convinced that a VD program would protect the health of the workers and raise morale in the firm. The production supervisors did not share this enthusiasm. As a result of the visit by the ASHA indus-

trial consultant the prospects for carrying out the plan improved. Profiting by the VD-TB survey in Savannah, Georgia, and by the good reception given the program of integrated health education of the Brooklyn Industrial Health Committee in New York, suggestion was made to the Seiberling Company that they begin their health education activities by forming a labor-management health and safety committee. It was further suggested that working through this in-plant committee the first project might well be a combined VD-TB survey. The committee, well established by carrying out this first project, could then continue in a general health program suitable to the needs of the firm.

Developments in Seiberling promise to establish a useful pattern applicable for programs in individual firms. Further reports on Akron can be expected in subsequent issues.

YOUTH NOTES

ATTORNEY GENERAL CLARK APPOINTS ADVISORY PANEL TO PLAN ATTACK ON JUVENILE DELINQUENCY

Stating that the Department of Justice considers juvenile crime and delinquency among the Nation's most serious postwar problems, Attorney General Tom C. Clark recently announced the appointment of an Advisory Panel of thirty leading educators, clergymen, welfare experts and youth leaders to study the situation and help to formulate Department plans for improvement. Members of the Panel are:

Miss Martha Frances Allen, Executive Secretary, Camp Fire Girls, New York City.

Walter F. Anderson, Chief of Police, President F.B.I. National Academy Associates, Charlotte 2, North Carolina.

Mr. David W. Armstrong, Executive Director, Boys' Clubs of America, Inc., New York City.

Mrs. Mary McLeod Bethune, President, National Council of Colored Women, Washington, D. C.

Mr. James B. Carey, Congress of Industrial Organizations, Washington, D. C.

Right Reverend Monsignor Howard J. Carroll, General Secretary, National Catholic Welfare Conference, Washington, D. C.

Dr. Samuel McCrea Cavert, General Secretary, Federal Council of the Churches of Christ in America, New York City.

Mrs. LaFell Dickinson, President, General Federation of Women's Clubs, Washington, D. C.

Honorable Howard L. Doyle, President, United States Attorneys Conference, Springfield, Illinois.

Right Reverend Monsignor E. J. Flanagan, Father Flanagan's Boy's Town, Inc., Omaha, Nebraska.

Dr. H. W. Hurt, Boy Scouts of America, New York City.

Mrs. William A. Hastings, President, National Congress of Parents and Teachers, Chicago, Illinois.

Dr. William Healy, Judge Baker Guidance Center for Childhood and Youth, Boston, Massachusetts.

Mrs. William M. Henry, President, National Congress of Colored Parents and Teachers, Dover, Delaware.

Karl Holton, Director, Youth Authority, State of California, Sacramento, California.

Frank Sherman Land, 420 East Armour Boulevard, Kansas City, Missouri.

Mr. Joseph H. McCoy, General Secretary, Big Brother Movement, New York City.

Dr. Mark A. May, Director, Institute of Human Relations, Yale University, New Haven, Connecticut.

Mr. Henry Monsky, President, B'nai B'rith, Omaha, Nebraska.

Vincent J. O'Shea, Director, Bureau of Special Services of the New Jersey Board of Education, Jersey City, New Jersey.

Mrs. Paul Rittenhouse, National Director, Girl Scouts, New York City.

Mr. Fred Roff, President, International Association of Chiefs of Police, Morristown, New Jersey.

Honorable G. Howland Shaw, Washington, D. C.

Dr. Joseph R. Sizoo, Collegiate Church of St. Nicholas, New York City.

Mr. Bruce Smith, Institute of Public Administration, New York City.

Mr. John Stelle, National Commander, The American Legion, Indianapolis, Indiana.

Mr. Walter White, National Association for the Advancement of Colored People, Washington, D. C.

Mr. Matthew Woll, Second Vice President, American Federation of Labor, New York City.

Mr. Frank L. Weil, President, National Jewish Welfare Board, New York City.

E. W. Aiton, 4-H Clubs, Washington, D. C.

Meeting in Washington on February 11, for a two-day session. the Panel issued the following statement and recommendations:

"The undersigned individuals, devoted to the handling of various phases of juvenile and youth problems, have been called together by the Attorney General of the United States to advise (1) with respect to juvenile delinquency problems within the jurisdiction of the Department of Justice (2) with respect to collaboration between the Federal Government and State, county and municipal governments, as well as interested private welfare groups, in a program to combat the growing tide of juvenile delinquency, and (3) to submit recommendations to mobilize and develop existing community resources.

"It is scarcely necessary to elaborate on the seriousness of the problem. The most recent figures reveal that twenty-one per cent of all arrests are of persons under twenty-one. More persons aged seventeen are arrested than in any other age group. Those under twenty-one years of age represent fifteen per cent of all murderers, thirty-six per cent of all robbers, fifty-one per cent of all burglars, thirty-four per cent of all thieves, twenty-six per cent of all arsonists, sixty-two per cent of all car thieves, thirty per cent of all rapists. The arrests of girls under eighteen years of age have increased one hundred ninety-eight per cent since 1939, while arrests of boys under eighteen years of age have increased forty-eight per cent for homicide, seventy per cent for rape, thirty-nine per cent for robbery, seventy-two per cent for assault, fifty-five per cent for auto thieves and one hundred per cent for drunkenness and driving while intoxicated. These figures were taken from the latest report of the Federal Bureau of Investigation.

"The causes for this condition are manifold. To combat these causes there is need for complete coordination and collaboration among interested agencies, both governmental and private, in the community, the State and the Nation.

"It is the experience of the individuals of the Panel that experiments designed toward the solution of the problem are as many as the causes themselves. It is probable that no combination of approaches will give a complete solution. Much, however, can and must be done. A balanced program should be devised which will command the fullest cooperation.

"President Truman, in his letter to the Attorney General with reference to the establishment of this Panel on the juvenile problem, indicated his enthusiastic support for a program of intergovernmental and community collaboration to deal with the problems. Attorney General Clark has himself stressed the fact that the juvenile problem is one which must be solved largely by the communities of this Nation. The Panel heartily endorses this view and welcomes the cooperation of the various Federal agencies long operating in the field of juvenile delinquency problems.

RECOMMENDATIONS

"It is the first recommendation of the Panel that the Department of Justice (a) study and develop programs looking toward the rehabilitation of youthful offenders against Federal laws; (b) in cooperation with other governmental departments gather, improve and distribute to the Nation and the States statistical information concerning juvenile delinquency; (c) work with other Federal agencies, the States, localities and other private organizations in the field of juvenile delinquency problems.

"It is the second recommendation of the Panel that the Attorney General call a larger and more representative conference in Washington, D. C., to consider and recommend a program of specific action in the various fields which touch on juvenile delinquency problems. This conference should emphasize a limited number of objectives in order to obtain the maximum cooperation of public and private agencies, National, State and local.

"It is the third recommendation of the Panel that the agenda for the meeting of the conference should include consideration of the following:

1. The establishment in the Federal Government of an interdepartmental committee, to make possible the current interchange of information and material relating to the various Federal programs, and to improve and implement the many relationships which the Federal government, through its agencies, has with the States and localities and private groups working in the field of juvenile delinquency problems.

2. Make recommendations with reference to legislation dealing with or relating to juvenile delinquency problems.

3. Recommend the organization or continuation in the community of councils composed of governmental and private agencies to encourage cooperation in the field of juvenile delinquency problems.

4. The development of specific recommendations respecting standards for the creation and operation of correctional institutions, and establishment of minimum qualifications for probation and parole officers and the expansion of probation and parole.

5. The improvement of Federal, State, County and local detention facilities for children.

6. Creation in County and municipal police departments of special bureaus for the handling of juvenile delinquency problems and recommendations relating to the improvement of police facilities and techniques, and the training of personnel.

7. Recommendations relating to the establishment of community recreation facilities.

8. Recommendations relating to facilities, such as schools, playgrounds, housing projects, et cetera, in connection with Federal, State and local building programs.

9. Specific recommendations for participation by the juveniles themselves in all appropriate programs developed for their benefit in order to ascertain, from the children themselves, their actual needs and to instill in them a sense of responsibility for the solution of their own problems.

10. Development and training of volunteer leadership.

11. Emphasis on parents' responsibility in relation to juvenile delinquency problems.

"It is the belief of this Panel that the above program constitutes a useful beginning. Juvenile delinquency perhaps can never be wholly eradicated, whether by preventive measures or by treatment and correction. Moral and spiritual values need reemphasis. But a concerted effort on the part of the whole Nation should be made and should continue, year by year, developing as new problems develop and as experience discloses new avenues of approach. All agencies, governmental and private, must learn to work smoothly together. Only in this way will adequate results be achieved.

"The Panel is of the opinion that the Attorney General has taken a most important initiative in calling national attention to the problems of juvenile delinquency and is happy to have had this opportunity of cooperating with him. He is to be commended for the steps he has taken.

"The members of the Panel gladly offer their continued cooperation to effectuate these recommendations."

A number of Federal officials also attended the meeting, including Dr. J. W. Studebaker, U. S. Commissioner of Education; Miss Alice Scott Nutt, Children's Bureau; Mrs. Elizabeth Goggin, Social Security Board; Sherwood Gates, Director of Recreation, and Thomas Devine, Director, Social Protection Division, Federal Security Agency.

POLICE CHIEFS OFFER COOPERATION TO "KEEP THE GOOD BOY GOOD"

Previous to appointing his Advisory Panel, Attorney General Clark had received assurance of the need for such a body, and offers of "fullest cooperation" from the International Association of Police Chiefs, in the course of their 52nd Annual Conference at Miami Beach, Florida, in December.

President Truman, in a letter extending greetings to the chiefs, urged that the IACP take the initiative in organizing a country-

wide crime prevention drive aimed at the roots of juvenile delinquency. The President referred to juvenile delinquency as "perhaps the most alarming" of all the grave problems faced by the police. "I think you will agree," he said, "that the future of America depends upon the character and quality of its youth."

Following the reading of this letter and addresses by the Attorney General, by FBI Director J. Edgar Hoover and by Frank J. Wilson, Chief of the U. S. Secret Service, in which they delineated the extent of the delinquency problem and urged a program to "keep the good boy good," the IACP took official action in support of a new nationwide effort for delinquency prevention. Two resolutions were adopted:

One of the resolutions directed the IACP Board of Officers and the Executive Committee "to give serious study at an early date to the promotion of such a program (a program in which the cooperation of welfare, religious and social agencies, civic leaders, business men and citizens would be solicited) in order that immediate action may be taken by this Association to initiate appropriate plans to combat the causes of juvenile delinquency in accordance with the suggestions made . . . by President Truman."

In another resolution the fullest cooperation of the IACP was offered to Attorney General Clark in his plan to call a national conference to deal with the juvenile delinquency problem.

"In pledging its endorsement and assistance in connection with the proposed conference," says the Police Chief's *News Letter*, for January, "the IACP followed the recommendation of its juvenile delinquency committee, headed by Chief Inspector John J. O'Connell, of New York City. In his report to the conference Chief Inspector O'Connell said that juvenile delinquency is primarily a community problem in which the police share with other agencies and organizations the responsibility and opportunity for constructive effort."

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS AND REPORTS

Annual and Special Reports

ANNUAL REPORT OF THE UNITED STATES PUBLIC HEALTH SERVICE, 1945, FEDERAL SECURITY AGENCY, Section Four. For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 30 cents. 156 pages.

PROCEEDINGS OF THE THIRD WESTERN CANADA CONFERENCE ON VENEREAL DISEASE CONTROL, Regina, Saskatchewan, November 21-22, 1944. Issued by Department of Public Health Government of Saskatchewan. 89 pages.

Pamphlets and Leaflets for the General Public

- THE AMERICAN INSTITUTE OF FAMILY RELATIONS. Folder describing the facilities of the AIFR. 607 South Hill Street, Los Angeles 14, California.
- GI HOMECOMING, 1946 STYLE. Housing Legislation Information Service, 1015 15th Street, N. W., Washington 5, D. C.
- HOUSING FOR VETERANS WHO WANT TO GO TO COLLEGE. Housing Legislation Information Service, 1015 15th Street, N. W., Washington 5, D. C.
- IT'S IN THE BILL! "Here's how S. 1592 helps private enterprise." Housing Legislation Information Service, 1015 15th Street, N. W., Washington 5, D. C.
- KNOW YOUR PUBLIC HEALTH NURSE. National Organization for Public Health Nursing, 1790 Broadway, New York 19, New York.
- LET'S HAVE FUN. An Adventure in Health and Recreation for Juniors. By Beatrice Elizabeth Allen. The Girls' Friendly Society, 386 Fourth Avenue, New York City 16. 25 cents.
- OWN YOUR OWN. "Here's how you can own your own home if S. 1592 becomes law." Housing Legislation Information Service, 1015 15th Street, N. W., Washington 5, D. C.
- PHYSICIANS' AND DENTISTS' ASSISTANTS, Bulletin 203, Number 11. The Outlook for Women in Occupations in the Medical and Other Health Services. U. S. Department of Labor, Women's Bureau. For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 10 cents. 15 pages.
- QUESTIONS AND ANSWERS ON THE GENERAL HOUSING BILL. The Wagner-Ellender-Taft Bill, S. 1592. Housing Legislation Information Service, 1015 15th Street, N. W., Washington 5, D. C.
- YOUR CITY'S STAKE. . . . In the Wagner-Ellender-Taft General Housing Bill. Housing Legislation Information Service, 1015 15th Street, N. W., Washington 5, D. C.
- THE PAN AMERICAN BOOK SHELF, November-December, 1945. Columbus Memorial Library, Pan American Union. Compiled by Alice M. Dugas. 527 pages.
- SOCIAL HYGIENE IN A BOYS' CLUB. Boys' Club of America, 381 Fourth Avenue, New York City 16. 19 pages.
- SOVIET HEALTH CARE IN PEACE AND WAR. Rose Maurer. American Russian Institute. 48 pages. 10 cents.
- TAKE-OFF. A Health Education Pamphlet for Young People. By Grace T. Hallock. National Tuberculosis Association. 16 pages.

Pamphlets for Professional Workers

- BIBLIOGRAPHY ON PUBLIC HEALTH AND ALLIED SUBJECTS. Twenty-third Edition, December 1945. The Book Service, American Public Health Association, 1790 Broadway, New York 19. 25 pages.
- EXTRAGENITAL SYPHILITIC INFECTION IN NEGROES. H. H. Hazen. Reprinted from the *Archives of Dermatology and Syphilology*, August 1945.
- SERVICES FOR UNMARRIED MOTHERS AND THEIR CHILDREN. U. S. Department of Labor, Children's Bureau, 1945. For sale by the Superintendent of Documents, Washington, D. C. 10 cents. 17 pages.

IN THE PERIODICALS

Of General Interest

- JOURNAL OF THE NATIONAL EDUCATION ASSOCIATION, January 1946. *Our New NEA Adult Education Service*. Leland P. Bradford.
- LIFE AND HEALTH, January 1946. *Veneral Diseases—Arch Enemies of the Family*. Dr. Walter Clarke.
- NATIONAL PARENT-TEACHER, January 1946. *From Generation to Generation*. Ethel B. Waring.

Sex Education, Marriage and Family Relations

THE BULLETIN, The Council for Social Service, the Church of England in Canada, Toronto 5, Ontario, October 10, 1945. *Marriages Mended*. Geoffrey Hewelcke.

HEALTH EDUCATION JOURNAL, January 1946. *Difficulties in Sex Education*. Austin J. Hawkes.

JOURNAL OF SCHOOL HEALTH, December 1945. *Sex Hygiene Education in Junior High School*. Dr. E. L. Sevringhaus.

Health Education

JOURNAL OF HEALTH AND PHYSICAL EDUCATION, January 1946. *Health and Physical Fitness for All American Children and Youth*. Committee Report.

—*Suggested School Health Policies (Sections I, II, III)*. Committee Report.

WISCONSIN STATE BOARD OF HEALTH QUARTERLY BULLETIN, October–December, 1945. *Some Teachers Miss the Boat*. L. M. Myron.

Youth in the World Today

YOUTH LEADERS DIGEST, December 1945. *Recreation—A Living Force*. Harold D. Meyer.

—January 1946. *Mothers of Tomorrow*. Editorial.

—*Schools and Juvenile Courts*. Wallace Hoffman.

—*N. Y. State Youth Service Commission*. Ralph B. Spense.

Industrial Problems

THE JOURNAL OF VENEREAL DISEASE INFORMATION, January 1946. *San Francisco Industrial Venereal Disease Educational and Case-Finding Program*. Dr. Richard A. Koch, Lawrence Arnstein, Arthur C. Painter.

Public Health and Medical

THE BULLETIN OF THE U. S. ARMY MEDICAL DEPARTMENT, January 1946. *The Medical Approach to the Patient in the Army*. Colonel Walter B. Martin, MC, A.U.S.

—*Status of Penicillin Treatment of Early Syphilis*.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, January 5, 1946. *Malaria Therapy in Syphilitic Primary Optic Atrophy*. Dr. Walter L. Bruetsch.

—January 12, 1946. *Nonspecific Reactions in Routine Blood Testing for Syphilis*. Dr. John H. Stokes, Dr. Fred Boerner, Dr. A. Parker Hitchens and Dr. Sondra Nemser.

—January 26, 1946. *Effects of Penicillin on Course of Early Syphilis*. Major William Leifer and Captain Samuel P. Martin.

THE JOURNAL OF VENEREAL DISEASE INFORMATION, January 1946. *The Synergistic Action of Penicillin and Mapharsen (Oxophenarsine Hydrochloride) in the Treatment of Experimental Syphilis*. Harry Eagle, Harold J. Magnuson, Ralph Fleischman.

LANCET (London), December 1, 1945. *Ambulatory Treatment of Early Syphilis with Penicillin*. E. M. Lourie and others.

—January 12, 1946. *Penicillin in Gonorrhea*. Drs. S. M. Laird and A. B. Fieldsend.

MODERN HOSPITAL, January 1946. *Hospitals Are Concerned with New Developments in Venereal Disease Control*. Dr. J. R. Heller, Jr.

MILITARY SURGEON, December 1945. *Venereal Disease Control Survey in a Battalion*. Dr. A. A. Maislen.

WISCONSIN STATE BOARD OF HEALTH QUARTERLY BULLETIN, October–December 1945. *Venereal Disease Trends in Wisconsin*. Dr. Milton Trautmann.

Journal of Social Hygiene

Thirty-third Anniversary Number

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CONTENTS

A Letter from President Truman.....	Frontispiece
To Our Members and Friends.....	Ray Lyman Wilbur
Editorial: Social Hygiene Day Marks the Start of Another Year of Progress.....	125
The New Strategy against Venereal Disease.....	Thomas Parran 127
Presentation of the Snow Award to Dr. John H. Stokes and Colonel Lawrence W. Harrison.....	135
Quo Vadis? An address.....	John H. Stokes 143
Honorary Life Members — 1946.....	148
Thirty-third Annual Business Meeting.....	162
The American Social Hygiene Association and World War II.....	Walter Clarke 169
Announcements	182

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A LETTER FROM PRESIDENT TRUMAN

THE WHITE HOUSE
WASHINGTON

January 24, 1946

My dear Dr. Wilbur:

Will you convey to the American Social Hygiene Association and its thousands of members at the completion of their thirty-third year of work, my warm greeting and my hearty congratulations on your accomplishments.

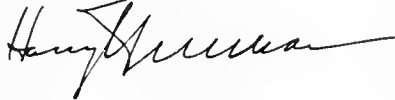
The health of our people is our greatest national resource. Without a strong, well, vigorous citizenry we cannot hope to achieve the goals of full and steady employment, of stable united families and of the richer life for all of our people.

The health problem of the venereal diseases presents a particular challenge. Not only are they disabling; not only do they cause death -- but more serious still they have their source in behaviour that is a threat to sound family life.

To meet this challenge demands concerted action. Science has made great progress in providing a medical cure. The home, the church and the school -- all have their part to play. The American Social Hygiene Association has worked for years in emphasizing the importance of preserving the American family, and of bringing about public and official recognition of the need for health, law enforcement, welfare and educational services. Its record during the war years in protecting the health and welfare of our fighting forces is proof of the effectiveness of your program.

What lies ahead is of concern to all of us, for when disease and delinquency threaten individual and family welfare, the very foundation of the nation is threatened. As you push forward you will, I hope, continue your vigilance of the past and build soundly for the future. My best wishes for your success.

Very sincerely yours,



Dr. Ray Lyman Wilbur,
President,
The American Social Hygiene Association,
1790 Broadway,
New York 19, N. Y.

TO OUR MEMBERS AND FRIENDS

The responsibilities of the American Social Hygiene Association were increased during World War II and seem likely to continue to increase as we work ahead in this tangled and uncertain postwar period. No doubt there have been periods in the history of human civilization when there was just as much confusion and disintegration of what were considered established social processes as we are facing now; but world communication was such that this was endured in segments and there was no world consciousness of what was going on. Now, with our new international organizations and the necessity of world understanding, we in the American Social Hygiene Association have new and wider responsibilities. Our representatives as soldiers are distributed throughout the world. The world is looking to us for leadership in maintaining the standards of family life and human conduct and the methods developed by modern science for the control of disease, particularly the venereal diseases.

A glance at our daily newspapers, with their record of juvenile delinquency, divorce, abortions, and high venereal disease rates, may give one a feeling of discouragement; but a review of what American boys and girls have accomplished in this great war, on the battlefield, in the hospital and the laboratory and in educational institutions, is enough to restore our faith. We can hope for a future that will be as fine as anything that the world has ever seen.

RAY LYMAN WILBUR, M.D.

President, American Social Hygiene Association

Stanford University, California

February 6, 1946

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EDITORIAL

SOCIAL HYGIENE DAY MARKS THE START OF ANOTHER YEAR OF PROGRESS

National Social Hygiene Day, observed throughout the United States, the Territories and Island Possessions, and in Canada, last month, was the occasion of many important impressive conference and meeting programs. Many splendid addresses were given by many excellent speakers, before large and interested audiences. Fine, stimulating discussions were held. Gains were counted. New plans were mapped. On all sides there was enthusiasm and optimism for the future.

With postwar problems as heavy if not heavier than those of wartime pressing around us—with venereal disease rates rising, commercialized prostitution threatening return, increasing promiscuity undermining youths' integrity and their chances of successful marriage and family life—what made possible this enthusiasm and optimism? "What have we got to be glad about?" Two things, mainly, we believe. First, behind us, the confidence of a good fight won, in the past five years, by working together, against some of the strongest manifestations of these problems ever known. Second, ahead of us, the vision of unlimited opportunities for new progress, and the knowledge that we have the courage and experience to take advantage of these opportunities, to win again against the new difficulties now besetting us, *by working together.*

"Beyond victory—Build: better health, better homes, better communities. Prevent: venereal diseases, prostitution, promiscuity."

Let this year's Social Hygiene Day theme spur us onward towards greater gains than ever before.

In coming issues, the JOURNAL hopes to bring to its readers a number of the papers given on Social Hygiene Day. In this *Thirty-third Anniversary Number*, we are including addresses from three important programs: Surgeon General Parran's address *The New Strategy against Venereal Diseases*, given at the Social Hygiene Day meeting in Cleveland, Ohio, on February 5; Dr. John Stokes' address *Quo Vadis?*, given at the Annual Meeting of the American Social Hygiene Association in New York on February 6, on the occasion of his acceptance of the Snow Medal, and the remarks by Sir Wilson Jameson, Chief Medical Officer of the Ministry of Health of Great Britain, and by Colonel Lawrence W. Harrison, at the ceremony in London announcing the award of the Medal to the latter.*

This number publishes, also, for the benefit of Association members who could not be present, an account of the Annual Business Meeting, and other details of the General Session.

* This ceremony was brought to New York listeners through the courtesy of the British Broadcasting Company and radio station WMCA in New York. See pages 135-6.



THE NEW STRATEGY AGAINST VENEREAL DISEASE *

THOMAS PARRAN, M.D.

Surgeon General, U. S. Public Health Service

On each of the past five Social Hygiene Days, we have met in an atmosphere of war. Today active hostilities have ceased. In the long battle against venereal disease we have learned that transition from war to peace is not a time for relaxing our efforts. On the contrary, now is the time to mobilize all of our resources, human and scientific. For the difficult period just ahead, the period of military demobilization and civilian reconversion is one which is conducive to the spread of venereal infections.

It seems appropriate then to take stock—to examine critically our accomplishments during the war, and to chart the route which we must travel in the next few years if we hope to hold the lines and push toward victory over venereal disease during the years of peace.

The Iceberg Begins to Break Up

The mass attack on syphilis has been under way much longer than that on gonorrhea. As you know, this is because effective methods for the treatment for gonorrhea became available only a few years ago,—after the war began in Europe, in fact.

Some years ago, I likened the syphilis burden of the Nation to an iceberg—with its dangerous 90 per cent out of sight below the water-line. There is now good evidence that this iceberg is beginning to break up.

Recent studies show that syphilis among civilians in this country definitely did not increase during the war. Among the first two million young men examined for military duty in 1940-1, 47.7 in every thousand had positive blood tests. Between 1941 and 1943, the prevalence rate among a comparable group (examinees) did not rise,—and may have declined slightly for the country as a whole. Especially significant is the fact that the greatest decrease occurred in the Southern States, where the syphilis rates were highest, and the war concentrations greatest.

Thus, the United States during the second World War has proved to be the first nation in any war to hold the line against syphilis. In every country heretofore in a major war, syphilis has become epidemic, or at least its prevalence has greatly increased.

* An address given before the Social Hygiene Day luncheon meeting of the Joint Social Hygiene Committee, Cleveland Health Council and Cleveland Academy of Medicine, Cleveland, Ohio, February 5, 1946.

In the United States today, fewer babies are dying of syphilis than ever before. More states than ever before now require the blood test for all pregnant women. It would be reasonable to expect that increased blood-testing would lead to the discovery and reporting of more cases of congenital syphilis. The reverse is true. For the country as a whole, and especially in 31 States, congenital syphilis has decreased. A decade ago, 35,000 babies were born syphilitic each year. Now, only about 12,000 infants are born, annually, with congenital syphilis,—a reduction of two-thirds.

Taking deaths from neurosyphilis as an index of an earlier trend, we find that deaths per 100,000 population from paresis were cut approximately in half between 1926 and 1942. The death rate from tabes dorsalis (locomotor ataxia) has declined even more rapidly. In States where adequate institutional care has been provided for many years, there have been dramatic decreases in admissions to mental hospitals for general paralysis of the insane. Since the general use in recent years of malaria therapy, five times as many paretics have recovered or improved as formerly.

Although we do not have reliable indices as to the annual attack rate of gonorrhea, the new drugs introduced during the war—first the sulfas and later penicillin—already have reduced the serious complications of this disease both in men and women. Physicians even now are seeing fewer and fewer cases of chronic gonorrhea, with its attendant crippling manifestations.

The Advent of Penicillin

The curative value of penicillin in early syphilis, demonstrated by Dr. John Mahoney of the Public Health Service, has revolutionized control methods. The success of this drug in gonorrhea therapy and strong indications of its value in early syphilis give us hope of an effective weapon against both of these infections.

Already it is possible to cure a patient with gonorrhea with one treatment. Although the optimum methods and the time requirements for penicillin therapy of syphilis in all of its phases have not been determined, present treatment may require as few as nine days. Penicillin may be used with an arsenical drug, or it may be given in any one of several forms. Because it is essential to know that treatment is complete, syphilis patients now should be hospitalized. As more experience with the drug is gained, we can look forward to the day when syphilis as well as gonorrhea can be treated in outpatient clinics and in the doctor's office.

Rapid Treatment Centers

Even before the advent of penicillin, the time required to give the hospitalized syphilitic patient complete treatment with arsenicals and heavy metals had been shortened to a few weeks. During the war, the Public Health Service established rapid treatment centers where the then new methods might be applied. Without penicillin, admission to these centers, with about 5,000 beds, was limited to

some 84,000 patients per year, due, of course, to the time necessary for arseno-therapy.

As soon as penicillin could be obtained, the centers began its use, reducing further the time needed for complete treatment and thereby increasing the capacity of the centers. Today, it is estimated that 140,500 patients per year can be cared for in existing facilities with the same number of beds.

By reducing substantially the reservoir of infectious cases in the civilian population, the rapid treatment centers have more than justified their cost. Recent evidence indicates that the centers can make a further significant contribution to the reduction of neurosyphilis, through the diagnosis and treatment of patients threatened with this serious complication. Rapid treatment centers and hospital care of syphilis patient should be made a part of the current program of State health departments.

Other Advances

During the past few years, great improvements have been made in increasing the accuracy of the blood tests used to detect syphilis. Despite war conditions, public health laboratories have improved their facilities and handled a great volume of work. Likewise, diagnostic tests for gonorrhea have come more widely into use. The public health laboratories and rapid treatment centers also are rendering a substantial service to physicians in the diagnosis of gonorrhea.

Scientists, in the meantime, are seeking ways to improve still further laboratory diagnosis of syphilis and gonorrhea. In spite of the fact that the proved tests for syphilis are among the most accurate of all laboratory procedures, we still need a more sensitive and reliable test, especially for the disease in its early stages. A more rapid test for gonorrhea than the present bacteriological culture would be enormously helpful. Extensive research is needed to find preventives which will arm the body against the invasion of syphilis and gonorrhea. We do not know the life cycle of the spirochete in the human body; the electronic microscope offers promise of investigation in this direction.

Research is a keystone of future progress in venereal disease control, as it has been in the past. As in every health program, increased research in syphilis and gonorrhea demands adequate financial support, clinical and laboratory facilities, and—above all—the best brains of the Nation, disciplined by good training,—if we are to advance either the social or biologic spheres of knowledge.

Applying the New Knowledge

The scientific changes in the treatment of syphilis and gonorrhea have been rapid and dramatic during the past few years. In fact, we have scarcely begun to use fully the sharp tools which science has placed at our disposal.

Notwithstanding recent developments, the public health principles of venereal disease control remain the same as when enunciated at the first National Conference on Venereal Disease Control in 1936. The fundamental principle is still: find and treat. Find the infectious cases and see that each receives complete treatment.

Penicillin removes the most critical obstacle to effective control—namely, the task of holding patients under long and often painful treatment until they are cured. All of us who have worked at this task of case-holding are aware of its costs and its frustrations. This one function drained the resources of health departments, to the detriment of case-finding; it also lowered the morale of health workers as they struggled against the well-nigh impossible task of holding the syphilis patient to the discomfort and inconvenience of the required 70 treatments.

Now, with time required for in-patient treatment of syphilis patients reduced to as few as nine days, health departments are freed in large part from the case-holding burden. Greater emphasis now must be placed on case-finding and the provision of adequate facilities for the new treatment.

To find the patient as soon as possible after exposure is of first importance. Mass blood-testing in special groups provides a diagnostic dragnet for bringing in new cases of syphilis. During the war, Alabama became the first State to enact a law requiring the blood-testing of all citizens between the ages of 14 and 50. The pilot campaign inaugurating this law reached its climax in Jefferson County last year. In six weeks' time, according to our preliminary data, 271,000 persons were tested, revealing a positive rate of 119.4 per 1,000. This program gave health officials practical experience in the operation of compulsory blood-testing, and it revealed many of the administrative problems incident to such an undertaking. Earlier in the year, a voluntary campaign for the diagnosis and treatment of gonorrhea with penicillin was conducted in New Orleans. This successful program illustrated the potentialities of intensive public education on the new knowledge of venereal disease control and treatment.

Another highly successful demonstration, which included a tuberculosis survey as well as syphilis casefinding, was completed November 30 in Savannah and Chatham County, Georgia. More than 71,000 persons—from a population of 118,000 of all ages in the County—voluntarily received chest x-rays and blood tests during the 45-day demonstration. The results of blood serologic tests were positive for about 12,420 of the persons tested and doubtful for 5,849. As a by-product of the blood testing program, 285 cases of gonorrhea also were discovered. Final returns of the chest x-rays have not yet been received but preliminary reports show 755 which indicate either definite or suspected tuberculosis. In the opinion of the health officers who participated in this program, the survey represents a most economical method of casefinding. It is estimated that the survey cost approximately \$77,000, which would represent an

individual cost of about 50 cents for each blood test and each chest x-ray.

It seems probable that the Jefferson County (Alabama), New Orleans, and Savannah-Chatham demonstrations represent the first phase of an intensive case-finding device which will be employed in many other places. The second phase, which remains to be developed and tested, is that of keeping communities free of infection after all known cases have been treated.

Until all persons believed to have been exposed to infectious cases are located and brought promptly into the clinic or doctor's office for examination and treatment, however, the case-finding task is only half done. Experience proves that for each known case, there is at least one other. In some areas, the ratio of contacts to infectious cases has been six to one. The discovery of such contacts remains the great potential of the case-finding program.

During the war the combined efforts of the military medical services and the health agencies were devoted to discovering the civilian contacts of newly infected servicemen. As a result many thousands of civilians were brought to treatment who otherwise would have continued to infect others. Information from 16 State and city health departments shows that in a six-month period (January to June 1945), more than 100,000 reported exposures to infectious syphilis or gonorrhea were investigated by these health agencies.

Although sufficient information was available to locate fewer than half of the contacts, the investigators were able to bring to examination some 30,000 persons in this short period. As a result, more than 17,000 infectious persons were placed under treatment.

The results of Selective Service examination of 15 million registrants illustrate what intensive follow-up of infected individuals may accomplish. Of 728,000 registrants found infected with syphilis, 80 per cent were made available for induction through the follow-up program of State and local health departments.

Much remains to be done to improve case-finding, contact reporting, and investigation. For each new patient, it is essential to know both the source of his infection and the persons whom he, in turn, may have infected. We all know how difficult and costly it is, first to obtain adequate information from the patient about his sexual partners, and second, to locate them. Many health departments during the war employed lay investigators who were given intensive training in tracing contacts. Through their efforts, the case-finding program was greatly improved. Now, as more manpower becomes available, health officials in all parts of the country should begin to develop fully their contact investigation programs—setting qualifications for investigators and improving the training of all staff members in methods of dealing with the public. If we are to capitalize on scientific advances, case-finding methods must keep pace with the new medical techniques. As any disease becomes less prevalent, its detection becomes more difficult.

Next Steps in Venereal Disease Control

The gains of the past few years should encourage us to drive ahead with greater force toward the ultimate goal of final victory over the venereal diseases. In short, we must not be lulled into the false belief that the job can be finished by coasting along on our momentum. My report to you would not be complete without summarizing the blank spots in our control methods as well as the blank spots in the application of known methods.

Diagnostic procedures, despite improvement, are far from perfect. We do not yet have all the answers regarding treatment of the various stages of syphilis. There is also the possibility of penicillin-resistant gonorrhea. The case-finding demonstrations in Louisiana, Alabama and Georgia give a partial answer to the long-time problems of finding infectious cases of venereal disease, but not the total answer.

The responsibility for venereal disease control carried by the armed forces during the war is rapidly being returned to civil health departments.

The significance of the change-over becomes apparent when one recalls that the age groups involved are those in which venereal disease incidence is highest.

At this moment, therefore, venereal disease control has reached a critical transition point—a point at which we can look back with pride at our gains but also a point at which we must look forward with determination if we are to hold and extend those gains.

Fortunately we began eight years ago to develop the venereal disease control program on the basis of careful planning with the States and communities.

The progress we have made up to now has been due to more effective control methods more widely used, to great public understanding of the problem and stronger community support.

The ease with which many patients can be cured may multiply the number of new cases and reinfections, unless, through education, promiscuity can be lessened, commercialized prostitution repressed, and a larger proportion of infected persons brought more promptly under medical care.

Yet we can stamp out syphilis and gonorrhea if we apply fully the scientific knowledge we have. We can do it more readily if other community influences are brought to bear. For example, the public health and medical professions must cooperate with other community groups in the prevention of prostitution and promiscuity. Our recent war experience has broadened our vision in this respect. In the past we have been more concerned with the *repression* of commercial vice than in seeking ways to *prevent* it. Of course, vigorous enforcement of the laws against prostitution must be maintained, and the gains made by law enforcement agencies and voluntary social hygiene groups during the war must not be lost.

During the war, the Social Protection Division of the Federal Security Agency contributed substantially to arousing community interest and mobilizing community support both for the prevention and repression of prostitution. On January 24, 1946 your distinguished representative in Congress, the Honorable Frances P. Bolton, introduced H.R. 5234, which provides for the continuance of this important work in peacetime, and addressed some very appropriate remarks to the House on that occasion. I am distributing copies of Mrs. Bolton's excellent statement because I know you will be interested to read it.* This is the latest among many constructive measures which Mrs. Bolton has ably sponsored in the Congress.

I would emphasize that recent experience in rapid treatment centers, social protection agencies, and the courts indicates that a more lasting improvement can be obtained by intelligent study and correction of the causes of promiscuity.

Some causes, like poverty, squalor, broken homes, lack of parental

* Mrs. Bolton's remarks were, as published in the *Congressional Record* of January 25, 1946:

"Mr. Speaker, yesterday I introduced a bill to authorize the Federal Security Administrator to assist the States in problems relating to social protection.

"During the last 5 years the Federal Security Agency has conducted a social-protection program that has resulted in houses of prostitution being closed in over 700 communities, and in improved measures for the control of clandestine prostitution and promiscuity. It has proven itself an important factor in reducing venereal disease infections.

"Now these gains are in jeopardy.

"Federal social protection as a wartime activity has been sharply curtailed. Former vice interests, counting on a cessation of Federal effort, and local communities following suit, have already reopened their houses or indicate they expect to do so soon. Most of them never gave up the titles or leases on their former brothels.

"Field studies recently made by the American Social Hygiene Association in 181 of the 700 cities closed during the war showed that by last December commercialized prostitution was again easily accessible in 50 of them.

"We cannot go backward. We must not give ground to promoters, shady real estate operators and their front men who breed juvenile delinquency, crime, corruption, and disease.

"Effective national and local effort will be required to check increasing prostitution, sex delinquency, and venereal disease. The Federal Security Agency should be enabled to provide communities, as it did during the war, with the impetus, the technical knowledge and guidance in combating these conditions. Their correction is necessary to our national welfare. That is the purpose of my bill.

"The next few years will determine whether wartime advances are to be retained and extended or whether these gains resulting from the expenditure of time, effort, and money of Federal, State, and local governments, and private individuals and organizations are to be lost. I trust the Committee on the Judiciary will study the problem thoroughly and that we may act wisely and promptly in continuing and extending the social-protection program. It is in this spirit that I have introduced H. R. 5234."

guidance have an obvious relationship, and corrective measures are of concern to the whole community.

Moreover we need to know more of man himself, his interpersonal relations, his sexual instincts, his ability to sublimate his most compelling appetite to keep it within social bounds, within the moral code. Research in these fields is no less necessary than in the medical.

It is therefore impossible to separate the control of venereal infection from social hygiene in its broadest sense. The speed with which modern treatment is applied, plus the fact that no means have yet been found to immunize the cured patient against future infection, make the two programs even more interdependent. The task of eradicating syphilis and gonorrhea will remain difficult until parallel effort is made in each community to eradicate degrading social and economic conditions, which are the roots of vice and promiscuity, and to elevate moral standards. The American family, American youth, need both physical and spiritual aid if they are to live healthful, socially constructive lives. It will require devoted effort on the part of all the community's constructive forces to provide the essential services, facilities and guidance.

The next few months will see as overwhelming a mass movement of population as we experienced in the first months of the war. Not only are millions of servicemen and women "on the move," but also war workers are shifting with the tides of reconversion. The hazards of an upsweep in the trend of venereal infection are very real.

More than ever, the fight against syphilis and gonorrhea is a community-by-community fight. Needless to say, State and national agencies will give every assistance. But it is upon the people in every community—upon you and your colleagues—that the Nation must ultimately depend for victory over venereal disease. Fortunately, we are better armed than ever before. We have better medical weapons, better and more widespread understanding on the part of the public. And we have a new vision as to the role of social hygiene in the building of moral bulwarks against the spread of venereal infection. Surely, the victory lies not far ahead.

PRESENTATION OF THE SNOW AWARD TO DR. JOHN H. STOKES AND COLONEL LAWRENCE W. HARRISON

The international unity which had achieved victory at arms during the past year, making possible for the first time in five years a peacetime Social Hygiene Day, was reflected in the decisions of the Association's Committee on Awards for 1946. To receive the William Freeman Snow Medal Award for Distinguished Service to Humanity the Committee selected representatives of both the United States and Great Britain, and included among the recipients of Honorary Life Membership a citizen and official of the Republic of France. The medalists were Dr. John Hinchman Stokes, Director of the Institute of Syphilis Control of the University of Pennsylvania, Philadelphia, and Colonel Lawrence W. Harrison, former Chief Medical Officer of the British Ministry of Health, London, England. Dr. J. A. Cavaillon, Minister of Health of France, was another long-time international friend and ally honored at the annual meeting in New York. (See page ...)

For the ninth consecutive year, the ceremony of presentation took place during the General Session of the American Social Hygiene Association's Annual Meeting, the London ceremony being heard by radio through the courtesy of the British Broadcasting Company and radio station WMCA. The scene was the Grand Ballroom of the Hotel Pennsylvania, where a distinguished company of nearly a thousand persons gathered at luncheon to do honor to those receiving the awards. Mr. Philip R. Mather of Boston, Chairman of the Association's Finance Committee and member of the Board of Directors, presided and represented the Awards Committee in announcing the list of recipients.

AWARD TO COLONEL HARRISON

The citation and presentation ceremony for Colonel Harrison as it reached the New York audience, were as follows:

THE CITATION

"COLONEL HARRISON . . .

"Known round the world wherever men of medicine, public health and education gather to share their knowledge, your name is a symbol of international goodwill and friendly cooperation in advancing the frontiers of science.

"Outstanding as a bacteriologist and pathologist, experienced as a clinician, successful as a teacher, resourceful as an administrator, you have gained the confidence and recognition of all who labor in these fields.

"Trained as an Army Officer, serving at home and abroad in war and in peace, you have contributed greatly to the conserving of life and health of soldiers and civilians.

"Now as the world turns from imperative plans for battle to constructive designs for living, your special skills and leadership are needed as never before in holding the gains we have made.

"In its special field, the American Social Hygiene Association has been privileged to cooperate closely with official and voluntary agencies in Great Britain since 1914 when Lord Sydenham first reported for the epoch-making Royal Commission on Venereal Diseases. Again the new advances in science and administration achieved in this field by international teamwork in recent years challenge our two Countries and all the members of the United Nations Organization to redoubled efforts to stamp out these diseases. In this task and in the larger programs of safeguarding health and social welfare, your counsel and guidance are sought and greatly needed.

"In honoring you today, the American Social Hygiene Association honors itself, and considers it a high privilege to present to you, Colonel Harrison, the William Freeman Snow Award for Distinguished Service to Humanity."

THE CEREMONY AS BROADCAST FROM LONDON

ANNOUNCER: Hello, WMCA, and all our listeners in New York City. This is Eddie McDonald speaking to you from the British Broadcasting Corporation in London.

Here in Great Britain we join with you in America in your observance of your National Social Hygiene Day. We are glad to do so because the health and welfare of the human race is as close to our hearts as to yours. And so now the BBC here in London brings you two distinguished physicians:

First, Sir Wilson Jameson, Chief Medical Officer of the Ministry of Health of Great Britain.

SIR WILSON: First of all, may I send greetings to all our fellow workers in the field of social hygiene both at home and abroad. And especially to those in the United States who are present at many gatherings throughout their land to discuss one of the greatest health problems of the postwar world.

We all know the difficulties encountered in the control of venereal diseases with demobilization of our forces and the dangers of those long times of waiting before D-Day, of combat days and later during the period of demobilization. A little thought will bring some appreciation of the tremendous task which had to be faced.

We in this country owe a great debt to our American colleagues for the help they gave us in limiting the spread of these diseases. So far as we are concerned, much of the work had to be done by one of the men we are to honor tonight. To Colonel Lawrence Whitaker Harrison, who was one of those who so diligently strove to extend the benefits of science and experience to men of the Allies and to our citizens we convey the salute of two nations.

Colonel Harrison, your name is a symbol of international goodwill and friendly cooperation in advancing the frontiers of science. Distinguished as bacteriologist, pathologist and clinician, successful as a teacher, resourceful as an administrator, you have gained the confidence and recognition of all who labor in these fields. Trained as an Army Officer, serving at home and abroad in war and in peace, you have done much to safeguard the health of soldiers and of civilians. Now, as the world turns from war to peace, continuation of leadership such as yours is needed as never before.

In its special field the American Social Hygiene Association has, greatly to our advantage, cooperated closely with official and voluntary agencies in Great Britain ever since 1916, when the Royal Commission on Venereal Diseases issued its report. Again the new advances in science and administration achieved in this field by international teamwork in recent years challenge our two Countries and all members of the United Nations Organization to redouble their efforts to stamp out these diseases. In this task and in the larger programs of safeguarding health and social welfare, wise counsel and guidance are greatly needed.

I am asked to say, Colonel Harrison, that the American Social Hygiene Association considers it a privilege to award to you the William Freeman Snow Medal for Distinguished Service to Humanity.

There is to be a ceremony in London at a later date at which the Minister of Health Mr. Aneurin Bevan will formally present the medal to you.

COLONEL HARRISON: Sir Wilson, in accepting this honor I do it not for myself alone but for all my countrymen who worked valiantly through the arduous years in the fields of medicine, public health and education for control of venereal diseases. To the American Social Hygiene Association, I send my warmest thanks and greetings with the hope that now in the days of peace the gains and knowledge of the past years may be built upon for the greater accomplishment of the future.

ANNOUNCER: Thank you, Colonel Harrison. Sir Wilson, wasn't Dr. Cavaillon going to be here today?

SIR WILSON: Yes, I had hoped to have the honor of introducing another great man of science, Dr. J. A. Cavaillon, Secretary General of the French Ministry of Health but, unfortunately, Dr. Cavaillon is not in England today. It was to have been my privilege to present to Dr. Cavaillon in the name of the American Social Hygiene Association, Honorary Life Membership of the Association in recognition of the great work he has done and to express to him on behalf of the Association, and may I add on my own behalf as well, appreciation of his promised cooperation in the tremendous tasks of the future.

ANNOUNCER: And so as we say goodbye to you from the British Broadcasting Corporation, we send you our good wishes for your National Social Hygiene Day.

This is Eddie McDonald signing off from the British Broadcasting Corporation in London and returning you to Station WMCA in New York City.

Mr. Mather also read a radiogram received by Dr. Snow from Colonel Harrison, saying, "Please accept best wishes success meeting on Wednesday. My best greetings to all."

THE AWARD TO DOCTOR STOKES

Permitting the printed citations given the luncheon guests to speak for themselves, Mr. Mather said simply in introducing the United States medalist: "Doctor Stokes, it gives me great pleasure, on behalf of the American Social Hygiene Association's Committee on Awards, to present to you the 1946 William Freeman Snow Award."

THE CITATION

"To JOHN HINCHMAN STOKES . . .

"To you, our honored Vice President and active member since 1914, the American Social Hygiene Association voices the friendship and affection of its members; and records the nationwide and international esteem in which you are held for your great contributions to science, health and human relations.

"Today as the historians begin their task of recording the story of the second World War, and the peoples of the earth are beginning to work together in building the United Nations Organization to promote human welfare and to ensure peace on earth for men of good will, your continued skill and leadership in your chosen fields of science and education are of paramount importance.

"The theory and practice of preventive medicine and personal hygiene must be taught and made accessible to all, as is being done for the services of medicine and surgery. Completion of the conquest of syphilis and gonococcal infections now seems assured; but as has been said 'the well-known human race will still be human.' Education and counsel for marriage and family life must also be assured. The development and adaption to these objectives of instruction and training for personnel in education and social welfare is needed as never before. Your pioneer work along these lines has been invaluable and needs to be continued.

"On behalf of the members of the American Social Hygiene Association and affiliated voluntary and official agencies and individuals in the United States and other nations throughout the world, the Committee on Awards takes great pleasure in presenting to you the William Freeman Snow Medal for Distinguished Service to Humanity."



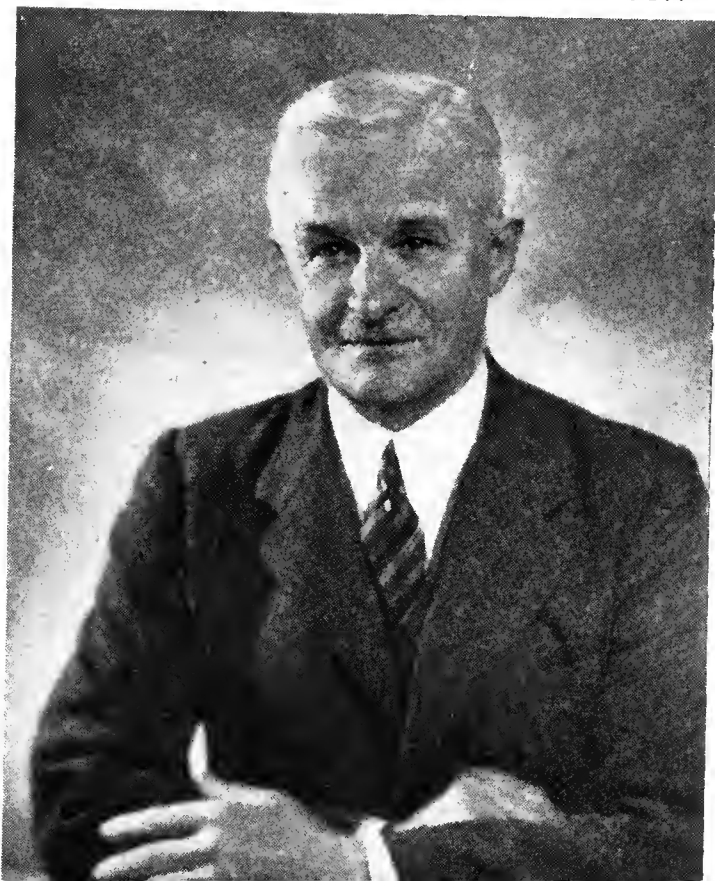
DR. STOKES

THE
WILLIAM
FREEMAN
SNOW
AWARD

FOR
DISTINGUISHED
SERVICE
TO HUMANITY

COLONEL HARRISON

1946





THE WILLIAM FREEMAN SNOW AWARD FOR DISTINGUISHED SERVICE TO HUMANITY. In 1937 a bronze portrait plaque was presented by friends in this and other countries to Dr. William F. Snow on the occasion of his fortieth year of distinguished service to education, public health, and social hygiene; and a Committee on Awards was appointed, with the suggestion that from time to time medal replicas of the plaque be struck off and presented in recognition of outstanding service of others in the field of social hygiene.

Former Recipients

1938 Edward Loughborough Keyes	1942 . Frederick Fuller Russell *
1939 Thomas Parran	1943 . . . Ray Lyman Wilbur *
1940 John J. Pershing	1944 . Hugh Smith Cumming *
1941 . . . Sybil Neville-Rolfe *	1945 . . Merritte Weber Ireland *

* *Member, Committee on Awards, 1946.*

BIOGRAPHICAL NOTES

LAWRENCE W. HARRISON

Lawrence Whitaker Harrison—Born April 2nd, 1876, at Haslingden, Lancashire. Fifth son of the late J. A. Harrison, M.D., J.P. Married, 1905, Mabel Alice, youngest daughter of the late Colonel E. J. Fairland, A.M.S. Two sons and two daughters.

Graduate of Glasgow University, M.B., Ch.B., 1897; Fellow of Royal College of Physicians of Edinburgh, 1926.

Entered Royal Army Medical Corps, November 1899. Captain, 1902; Major, 1911; Lieutenant-Colonel, 1915; Brevet-Colonel, 1917; retired, 1919. Served South Africa, 1899–1903. South African War, 1899–1902; mentioned in despatches; Queen's medal with four clasps, King's medal with two clasps.

India, 1903–1908. Member Enteric Fever Commission, Simla, 1905.

Passed examination as specialist in Bacteriology, 1909, and posted as bacteriologist to Military Hospital, Rochester Row, London; this hospital being the only Military VD hospital and used for instructional purposes by the Royal Army Medical College. Left it first in August, 1914, for European War, 1914–1918.

In European War engaged first in non-venereal work, for which mentioned in despatches and appointed Companion of the Distinguished Service Order. From early 1915 to April, 1916, commanded the only British Venereal Diseases Hospital operating in Europe at that time.

From April, 1916, to November, 1919, commanded the Military Hospital, Rochester Row, and acted as Adviser in VD to the War Office. Mentioned in despatches; appointed Honorary Physician to the King and Brevet-Colonel, 1917.

Appointed Director of the VD Department, St. Thomas' Hospital, November, 1919. Resigned 1936 and appointed Honorary Consultant, British Postgraduate Medical School.

Entered Ministry of Health as part-time, temporary medical officer (Adviser in Venereal Diseases) November, 1919; still serving in that capacity. Appointed Companion of the Order of the Bath, 1946.

Delegate, Inaugural Conference, League of Red Cross Societies, Cannes, 1919; Northern European Conference on VD, Copenhagen, 1921. Represented Great Britain at League of Nations conferences on serum tests for syphilis, London, 1921; Paris, 1922; Copenhagen, 1923 and 1928. Member, League of Nations Committee of Experts on Syphilis and Cognate Subjects. Technical Adviser and English Ministry of Health Observer, Union Internationale contre le Pêril Vénérien.

Corresponding Member, American, Danish, French and Japanese Dermatological Societies.

Honorary Member, Medical Society for the Study of Venereal Diseases, 1942; President of same, 1923–25 and 1938–42.

Co-Editor of *British Journal of Venereal Diseases* from its birth (1925) to 1942.

Visiting lecturer and consultant for post graduate education programs in the United States.

Studies of venereal disease control activities in other countries.

Author of many publications and current articles; and contributor of special chapters to standard systems, dictionaries, and other texts—among them: Books: *The Diagnosis and Treatment of the Venereal Diseases in General Practice*, 4th ed., 1931; *A Manual of Venereal Diseases for Students*, 1920; *The Modern Diagnosis and Treatment of Syphilis, Chaneroid and Gonorrhea*, 1924; *Venereal Disease—Guide for Practitioners Working under Provisions of Circulars of Ministry of Health 2226 and Department of Health for Scotland, No. 50/1941; Gonococcal*

Infections (in collaboration); *Manual of Venereal Diseases by Officers of the R.A.M.C.*; *A System of Syphilis* with D'Arcy Power and J. Keogh Murphy.

Articles: Med. Res. Council's *System of Bacteriology*, Choyce's *System of*

Surgery and Priece's Practice of Medicine, 5th ed., 1936; *British Encyclopaedia of Medical Practice*; *Dictionary of Practical Medicine and Oxford Index of Therapeutics*; *Bulletin of Hygiene*, 13th edition, news vols. *Encyclopedia Britannica*, and others.

JOHN H. STOKES

In this century of rapidly increasing longevity, Dr. John H. Stokes is young in years, but already old in experience and wisdom. All biographical directories include his name, and under it each edition adds to the list of distinguished services and writings of this noted scientist, physician, and educator. From these one glimpses something of the colorful life he has led as a frontiersman in the world of medical science. Reading his books gives one respect for his learning and sound judgment. Hearing him lecture inspires in one the desire to choose medicine for a career or at least to go out and do one's part as a citizen to secure for the public good the benefits of applying advances in medical science which Dr. Stokes can so vividly portray. But all these sources fail to give one much idea of the man himself—only through personal acquaintance can one gain knowledge of him as a rare friend, a stimulating personality, a great humanitarian.

John Hinckman Stokes—Born September 1, 1885, Munich, Germany

Graduate of the University of Michigan, A.B. (1908), M.D. (1912)

Post graduate studies and research in university and government institutions

Instructor—University of Michigan (1913-14), University of Illinois (1915)

Assistant Professor, 1916-19, University of Illinois

Associate Professor—University of Minnesota, 1919-21

Professor—University of Minnesota, 1921-24

Professor—University of Pennsylvania, School of Medicine, and Professor in Graduate School since 1924

Chairman, Committee on Research in Syphilis, 1928

U. S. Public Health Service representative on League of Nations Committee of Experts on Syphilis, 1928-35

Director, Institute of Syphilis Control, University of Pennsylvania, since 1937

Special Consultant and Senior Surgeon (Reserve), U. S. Public Health Service

Member, Sub-Committee on Venereal Diseases, National Research Council

Consultant, Pennsylvania State Department of Public Health

Chairman, Pennsylvania State Advisory Committee on Venereal Diseases

Chairman, Philadelphia Defense Council Sub-Committee

Awarded Meritorious Service Medal—State of Pennsylvania, 1938

Citation for Especially Meritorious and Outstanding Service, the Third Service Command, U. S. Army, 1945

Publications—*The Third Great Plague, Today's World Problem in Disease Prevention, Modern Clinical Syphilology, Dermatology and Syphilology for Nurses, Fundamentals of Medical Dermatology*. Out of Dr. Stokes' many publications these are selected to illustrate his broad interest in disseminating knowledge of these subjects among all professional, technical and citizen groups who can help in stamping out the venereal diseases. It would require a very long list to cover the extent and variety of timely magazine articles and technical journal reprints through which he has supplemented his personal leadership and participation in public education.

Membership in many international as well as national scientific and learned societies indicates the wide range of Dr. Stokes' interests and acquaintance.

QUO VADIS?

*An Address in Acceptance of the William Freeman Snow Medal for
Distinguished Service to Humanity, February 6, 1946*

JOHN H. STOKES, M.D.

Philadelphia, Pennsylvania

The award of the William Freeman Snow Medal is, for the recipient, the occasion of profound self-searchings. He finds himself suddenly aligned at dress inspection with some of the ablest and most public-spirited men and women of his time. Is his spiritual collar of the right cut, his tie *au fait*? Surely there must have been some mistake in identities, for he feels himself a wholly inadequate stand-in for the role. But no, those are his initials on the program. That was once a counterfeit presentment of his face. He braces himself as I now do for the part. Fortunate is he who is, as I am, paired with another, a friend of many years, a figure justly famous nationally and internationally as is Colonel Harrison, in whose long shadow I may stand, my inadequacies filled in, my angles softened by a team mate's preeminent stature. I am sure that I may voice him here as well as myself, when I say that we are both deeply sensible of the distinction conferred upon us this day by this award; sensible, gratified but humble, receptive and uplifted, but aware in our hearts that our friends could easily have exercised better judgment in their selection!

It is impossible for me at least, to come to such a moment in my life as this, without an irresistible impulse to gaze into the crystal ball. Just as Bellamy entitled his great looking forward, a "Looking Backward," so I look backward over 4 decades and more, in the hope of seeing forward.

We social hygienists are entering upon an atomic age of our own, a new era, in which the conquest of disease by antibiotics and their congeners, will precipitate us, as the fission of the atom has, back upon Man himself. His moral integration, ideals and stamina, and his ability to act on principle with his fellows will now decide the ultimate questions of his destiny, his institutions, his survival. This is the situation in venereal disease and the sex life today. Those of you who have combined foresight with a gift of tongues, have insisted eloquently over the years that this day of ultimates was coming; and that the monogamous family to which we have pledged our faith, and the life of sexual self-control, would become crucial fighting issues and last-ditch battlegrounds. Such they now are, bereft of all accessories, all supports and garnishments, all super-numerary demons of defense or offense. They stand trial of their fitness in the spiritual and the physical life of man.

The crisis has come on us suddenly. A half, a quarter century has seen a striking shift in social, moral and spiritual backgrounds and emphases. A flash of penicillin in the cloud of war has, in a matter of months, we hope, brought treatment as an answer to the

venereal disease problem close to the peak of its possibilities. But despite this amazing advance in equipment we share today the confusion of the victims of a blitzkrieg rather than the assurance of victors, as we see venereal rates climbing instead of falling, age of consent and participation dropping, though our antibiotic and chemotherapeutic artillery is firing madly with an effectiveness reminiscent of the pop-gun so far as our ultimate objectives are concerned. Something must be wrong with the range, the observation, the fire-control, for the efficiency of our arms themselves has never been equalled; is indeed incomparable. What (with expletives deleted) is the matter?

It would seem that in developing our campaign, six elements have been forgotten or misappraised. *First*, we have never yet studied through to the fundamentals of our problem. What is indeed more difficult than to look back of causes to the way causes interact? In the study of the person who is the victim, the bearer, the distributor of venereal disease, for example, we have gone no further than the doorbell of his or her spiritual house. In understanding the make-up of the promiscuous mind, in the very description of the conduct that we now call the cause of venereal disease, we have not even a definition that does not bring a roar of laughter or a cynical smile. We are no better in act than in theory, for in the economic and social background of the sexual, the family, the love life, we are busy creating instead of doing away with, the insecurities, resentments, conflicts and inaccessibilities that we already sense as leading causes of our muddled situation. First then, there must be study; study on so extensive, controlled and expertly directed a scale as has thus far, hardly been conceived. Notice how Britain has recognized this indispensable in its new long-range program, and given the study of sex problems and solutions the sanction and prestige of government support.

Second, we have accepted bit programs and fractional approaches instead of insisting on multiple, integrated, all-out attack along the whole social hygiene and venereal disease front. What is more sadly instructive than the blunder of us health officers to which so many of our hygienists have given lip service, in insisting that treatment, a fractional program, could curb and finally end venereal disease? And what gives quicker inspiration for the sardonic grin than the *rolle face* of some of us health officers too, now that failure is so painfully apparent—shouting to the hygienist, the social agent, the psychiatrist to come charging forward to grasp the poker whose heat, not to say existence, we had erstwhile so superiorly denied. I apologize for a lapse into picturesque language in describing this unhappy hauling downward of our public health flag which we had thought nailed to the very top of the mast. We are learning that easy, quick, reactionless treatment is a boomerang. Driven back on our defenses we are now reexamining our concepts of education, our epidemiology of carriers and disseminators, our ease-uncovering machinery of blood tests and smears. We learn of education so-called, that no group votes as enthusiastically for more lectures, films and pamphlets as does the group that is most promiscuous. We suspect

that public meetings are attended over and over by the same small groups of interested uplifters plus a fringe of morbid victims of anxiety. A third of those who read our propaganda can learn nothing from reading. The upper crust of vice dries out a bit perhaps, but the deep core of venery beneath remains untouched, a quagmire into which are now sinking in increasing numbers our adolescents, our children who hold our hearts between their hands. Carriers and disseminators become so indistinguishable from the well around them that as methods become harmless, it is almost suggested that everybody better have a lozenge or a shot instead of a diagnosis, just in case. We throw the blood test dragnet, only to find that half its catch is not syphilis at all, but the famous cold in the head (or chest). Just nothing seems to be meeting hopes or expectations these days! And again, *why?*

Third, to amplify somewhat from (2), we have thought treatment the answer; a philosophy of consequences as distinguished from prevention, so leaky that oldsters like myself only hope that our own recorded statements will be blurred by time; for experts are rightly expected to foresee and understand the self-perpetuating characteristics of the diseases in question. I refer of course to the unobtrusiveness of early lesions, innocuous and symptomless relapse which maintains the reservoir of infectious material; the sulfa and even penicillin resistant strains of organisms. The decline of control of the patient with foreshortening of treatment, the loss of the chance to develop in him a sense of social responsibility, and the suspected wholesale reinfecting of once, twice and thrice cured individuals, are aspects of failure from the human side.

Treatment then is the answer to what? Not even to extinction of disease, the coat-tail hanger-on of a vast, wholly unprevented mass of one might almost say festering sexual maladjustment.

Fourth, we have "educated" too little, too late, and by uncritically studied standards and even questionable methods. There is a resistance, diminishing, it is true, to the carrying of enlightenment back from the adult and adolescent to the child and his parents, to his dooryard neighborhood through the schools. Health and Human Relations, which is sex education in perspective or disguise, still fares too hardly in the educational system at the hands of those who would seem rather to have no tilling of the field, than to displace the overstrained and creaking family in its one-horse efforts of today. Of educational method itself in this or any field we know all too little beyond traditionalism. So-called education too often does not penetrate or stick; it never reaches for lack of challenge and intriguing format, half of those who need it. Even with, and certainly not without endless reiteration it may not even register, to say nothing of serving as the mainspring of conduct in an adult mind set like an automaton or a time-fuse to an early acquired pattern of reaction and discharge. Surely we need to *restudy* education—with controls.

Fifth, we have allowed a general let-down all along the moral, the morale front. There has been a general lowering of tone. One who is of the age to receive the Snow Medal must be sensitive to

the intimation that he is in the "good-old-days" or terminal stage of thinking, and may have mistaken failing vitality for virtue. But I ask you—isn't the sexual ground slipperier than it used to be? More slimy books and slimy pictures? more pick-up men and pick-up girls? with crumbling standards of marriage and divorce? with unspeakably, unprintably nauseous stories of sex on the loose in whole population groups? battalions of lust and loot replaced by organized, systematized, officially recognized and widely patronized provision for fornication, side by side with clothes, shoes, meals? There is a downswing toward demoralization, a threatened amorization that has been the recurrent symptomatic warning in the past of empire and ideologic downfall. Hopefully we today catch our breath on the downswing, trying to believe it is a swing and not a drop. Am I right? A Daniel should be called to judgment—yea, a Daniel?

And lastly, for we have now reached rock bottom on this drilling for fundamentals—we have forgotten the nature of man himself. We have forgotten that he is a god though with a clay foot. We have dealt in our recent efforts too much with his clay foot as an inevitability, rather than with the God-like in him as a potentiality. He has been expected, allowed, even at times tacitly encouraged to wade the muck, prophylactic in hand, in the interest of disease prevention.

Do you recall one of the great dramatic moments of the Bible, in the little known Book of Ezekiel, in which at the culmination of his vision of the All-Highest, the prophet fell upon his face? He heard a Voice of One that spake. And it said unto him, "Son of Man, stand upon thy feet and I will speak to thee." That scene has always symbolized to me the assumption by man of his God-given dignity, the replacement of the emotional in the impulse to bow down, to fall, by the order of reason to stand up to face our God. The replacement of emotion by reason, the control of impulse and passion by the will, the standing upon our spiritual feet, is the heart of the problem of the sexual life. To that achievement of maturity, all forces, all agencies, all disciplines that make character, are tools. The achievement of sexual maturity is no different from any other process of attaining our full stature.

A worse time could hardly be conceived in some ways than this today of ours for an effort to bring man to maturity and full stature for a new attack on an old problem. Cynicism, always a product of spiritual fatigue, expresses an exhausted world. A critical paradox between science as used and as capable of being used, still further distracts us. As after prolonged sleeplessness, we become automatons. From our hysteroid and hypobulic lower brain centers, uninhibited by the tired cortex, arise fantastic, sometimes monstrous vaporings, shot through with thalamic rushes of anger, fear, resentment; all to an underlying orchestral hum of incertitude and menace. It seems a poor scene for a resurrection or a rededication.

But just as in a conflagration that seemingly destroys a granary, there remain kernels of wheat untouched and capable of germina-

tion, so there are persons, ideals, situations in the ashes of today from which resurrection and rejuvenation will with certainty again spring to beautify and idealize the world of sex. You remember that it needed a Messiah to do this for the human spirit in the days of Herod the King. It may need one now; but it will even more surely need the band of devoted disciples, to lead a world-wide movement toward dedication and evangelism. We must be looking toward it, planning for it, by the very practical devices of conference, study, experiment, the international congress, collaboration. Many of us share the hope that the free spirit and the personal creative genius of these efforts will be preserved by voluntary association and organization supplementing and guiding the power of the state. We may, I believe justly, think of our American Social Hygiene Association as an example of what I mean.

But somehow, perversely perhaps, I keep looking back to think of the future in terms of Man himself. Is dedication and evangelism after all, done or made by Organization? Not a bit of it! It is done and made by what we do and are ourselves. Do you remember the lesson of Ben Hur, who trained his legions after the Roman pattern to serve the coming Messiah, only to find at the foot of the Cross that they were not needed—that the Christ Himself had won the spiritual victory? So I believe it is with our triumph, if such it is to be. It will be won by the individual human spirit as each of us tries to help, exemplify and nurture it, and it will be expressed in the individual life; the flowering in love, of character won and guarded by self-control.

This is an international occasion, and our distinguished guest from the Republic of France is unavoidably not with us. Had he been here, I would not have risked in my poor French, the words of Pasteur that I am about to repeat to you. They are the very capstone to our apotheosis of the dignity of man, the being to whom we look for the solution of our problem and the triumph of our effort.

La grandeur des actions humaines se mesure a l'inspiration qui les fait naitre.

Heureux celui qui porte en soi un Dieu, un ideal de beaute, et qui lui obeit: ideal de l'art, ideal de la science, ideal de la patrie, ideal des vertus de l'evangile! Ce sont la les sources vives des grandes pensees et des grandes actions.

Toutes s'eclairent des reflets de l'infini.

Translation of the Pasteur Quotation

"The greatness of human actions is measured by the inspiration which gives them birth.

Happy is he who carries within himself a God, an ideal of beauty, and who does Him homage: Ideal of art, ideal of patriotism, ideal of the virtues of the Gospel! These indeed are the living sources of great thoughts and of great actions.

All things are illuminated by reflection from the Infinite!"

HONORARY LIFE MEMBERS — 1946

The Committee on Awards chose five outstanding social hygiene leaders for election this year to Honorary Life Membership in the Association. These awards were conferred in the course of various Social Hygiene Day meetings, as indicated in the following pages. The JOURNAL presents the citations made in connection with the awards, with the photographs of recipients as these appeared in brochures given to guests attending the meetings.

. . .

Honorary Life Membership for DOCTOR J. A. CAVAILLON, Secretary-General to the Ministry of Health, Republic of France, Secretary General of the Union Internationale contre le Pêril Vénérien, and Consultant Counselor to the General Assembly of the United Nations, was originally planned for presentation in New York (see page 137). The Citation was as follows:

DOCTOR J. A. CAVAILLON

In common with all the national social hygiene agencies holding membership in the International Union for Combating the Venereal Diseases, the American Social Hygiene Association acclaims Doctor Cavaillon as a pioneer and builder in the broad fields of public health and social welfare.

An extract from a recent letter portrays his activities and great influence in one particular area of the conservation of human vitality:

“Dr. Cavaillon is a man who has rendered ‘outstanding services’ to humanity in the field of social hygiene.

“It is largely owing to his personal energy and enthusiasm that the Union Internationale Contre le Pêril Vénérien gained the position it held in 1939. In the preceding years it had been recognized both by the International Labour Office and the League of Nations as the international advisory body on the social and administrative aspects of social hygiene.

“Dr. Cavaillon, as representative of the international body, promoted a progressive policy by personal contacts and by correspondence with the appropriate authorities in other countries, and also by:

(1) Opposing at Geneva, the regulation of prostitution in Port Areas and advocating the development of Port Welfare—precedent to the adoption by the International Labour Office of the *Port Welfare Recommendation, 1936.*

Also, before the Social Section of the League, in stating the medical case for the abolition of regulated prostitution in the interest of public health.

(2) The promotion of a progressive policy in relation to social hygiene.

(a) By conferences and meetings of the Union in the countries of the constituent members when reforms were under consideration in order to influence local opinion and secure action; and,

DR. CAVAILLON



(b) by the compilation and publication of the volume on comparative legislation on VD throughout the world.

(3) In France, as Director of the Division of Social Hygiene of the Ministry of Public Health, his pioneer work over the last 20 years has provided antenatal treatment throughout the official maternity and infant welfare services, the success of which has encouraged other countries to follow a similar policy, also, the courage and persistence with which, in spite of opposition, he developed the contact-tracing Service Visiteuse in connection with VD treatment. During the early years of the war, Dr. Cavaillon planned and secured the effective liaison service between the Army and civilian VD treatment by contact tracing, a social service which was most effective in checking the anticipated rise in VD in France under war conditions until 1941. He has persistently fought the deeply entrenched prostitution system and pressed for legislation.

(4) During the latter years of the war, after the fall of France, Dr. Cavaillon, at great personal risk, ran the health organization of the Resistance Movement, was twice taken by the Gestapo, but, in spite of difficulties, continued his work and also maintained intact, the international records.

"To sum up, Dr. Cavaillon has not only carried out valuable pioneer administrative measures designed to reduce the damage of venereal diseases in France, but has through his efforts, stimulated progressive policies and action in other countries, and has brought into existence, effective machinery through which the best technical opinion in each country can, on agreed points, be brought before official international organizations. This work is largely outside his official duties, and has needed continuous effort, which has been sustained by a burning desire to relieve human suffering."

SYBIL NEVILLE-ROLFE, Troon, Ayrshire, Scotland; Honorary Member, Medalist, Chairman Committee on Awards of the American Social Hygiene Association, 1946; General Director, British Social Hygiene Council 1915-45.

From another letter comes an indication of the wide range of Doctor Cavaillon's activities, responsibilities, travels and publications:

"A mere listing of source material for Doctor Cavaillon's biography is impressive evidence of the active life he has led; and gives assurance of his leadership during many more fruitful years of service—for Doctor Cavaillon is a young man, having been born in 1887 in Givet (Ardenne), France.

Present position:

Secrétaire Général du Ministère de la Santé Publique

Former positions:

Médecin Directeur du Sanatorium de Taxil—1919

Directeur des Services d'Hygiène du département de l'Aisne 1920-1924

Adjoint Technique à la Direction de l'Hygiène et de l'Assistance (Ministère de l'Hygiène) 1924-1926

Directeur Adjoint de l'Office National d'Hygiène Sociale 1928-1934

Chef du Service Central de Prophylaxie des Maladies vénériennes 1926-1937

Inspecteur Général au Ministère de la Santé Publique 1938-1944

Membre du Service de Santé de la Résistance 1943-1944

Chef de Cabinet de M. Pasteur Vallery Madot 1944

Président du Comité des Inspecteurs Généraux du Ministère de la Santé Publique 1944

Secrétaire Général du Ministère de la Santé Publique 1944

Degrees:

Externe des Hôpitaux de Paris—1908

Docteur en Médecine Paris 1914

Membre du Conseil de Direction de l'École de Sérologie de la Faculté de Médecine de Paris depuis 1928

Chargé de cours à l'École du Puériculture de la Faculté de Médecine de Paris
 Chargé de cours à l'Institut d'Hygiène de la Faculté de Paris
 Lauréat de l'Académie de Médecine 1928, 1932, 1944
 Lauréat de l'Institut (Académie des Sciences Morales et Politiques) 1933
 Inscrit par la Section d'Hygiène de l'Académie de Médecine sur la liste des candidats à l'Académie proposés par la Section 1944

Honorary Decorations:

Officier de la Légion d'Honneur
 Médaille de la Résistance (1945)
 Médaille d'Or de l'Hygiène
 Commandeur de l'Ordre de la Santé Publique
 Autres distinctions (Portugal, Bulgarie, Belgique, Tunisie, Maroc, etc. . . .)

Military Service:

Médecin aide-major pendant la guerre 1914-1918, armées (ambulance 4/58)

Professional Appointments:

Rapporteur international à de nombreux congrès: (Genève—Le Caire—Londres—Madrid—Budapest, etc. . . .)
 Expert près le Comité de la Traite des femmes et des enfants de la Société des Nations—1936-1940
 Membre de la Délégation française au Comité de la Traite des femmes et des enfants de la S.D.N. 1937
 Membre du Conseil Supérieur d'Hygiène publique de France
 Membre du Royal Sanitary Institute de Londres 1924
 Membre de l'American Public Health Association 1928
 Membre de la Société de Dermatologie de Hongrie 1935
 Membre de la Société Hongroise Teleia 1935

Private Agency Affiliations:

Membre du Conseil de nombreuses Oeuvres, en particulier: Secrétaire Général de la Société Française de Prophylaxie Sanitaire et Morale
 Secrétaire Général de l'Union Internationale contre le Péril Vénérien

Editorial Affiliations:

Membre du Comité Directeur de la Prophylaxie Antivénérienne
 Membre du Comité de Rédaction du Mouvement Sanitaire
 Co-rédacteur en Chef de la Revue Française de Puériculture

Work Abroad:

64 missions du Ministère de la Santé Publique en: Grande-Bretagne—Belgique—Yougoslavie—Algérie—Etats-Unis (sur invitation de la Fondation Rockefeller)—Canada—Allemagne—Autriche—Italie—Tunisie et Maroc (sur demande du Ministère des Affaires Etrangères)—Luxembourg—Hollande—Danemark—Suède—Norvège—Suisse—Portugal—U. R. S. S.—Egypte—Grèce—Espagne—Hongrie

Publications:

L'Armement antivénérien français—1 volume 1928
Les Législations antivénériennes dans le Monde—1 volume 1931
Manuel de Prophylaxie—1 volume 1945
 Une centaine d'articles dans la presse française et étrangère sur:
 l'Epidémiologie (méningite cérébrospinale, typhoïde, dysenterie bacillaire, etc. . . .)
 le Paludisme
 la Tuberculose
 Les Maladies Vénériennes
 l'Organisation sanitaire française ou internationale
 l'Education sanitaire
 La Protection sociale de la Santé des Marins du commerce
 les Assurances Sociales, et cetera
 la Protection maternelle et infantile."

BERNARD H. FLURSCHEIM, Paris, France; Honorary Member American Social Hygiene Association; Treasurer, Union Internationale Contre le Péril Vénérien.

Among the many conferences and commissions appointed to study the medical, social and educational problems of social hygiene, a few stand out as having been particularly influential in promoting international action. For example, the Brussels Conferences of 1902-4; the British Royal Commission on Venereal Diseases 1914; the Medical Conference in Cannes, France 1919; the All-America Conference on Venereal Diseases, Washington 1920, and later, the League of Red Cross Conferences. All these prepared the ground for organization of the International Union for Combating the Venereal Diseases with headquarters in Paris. The selection of Doctor J. A. Cavaillon as Secretary General brought about united action along the lines indicated above.

Those who have had the privilege of knowing Doctor Cavaillon and all who have read this summary of his varied and brilliant career in medicine, public health and social welfare, will know that here is one of the outstanding leaders who will shape our future world progress in united action for safeguarding family life and community health, and for gaining our final victory over the venereal diseases.

Doctor Cavaillon, recognizing your distinguished services in the past and your qualifications for the greater tasks which lie ahead, the Committee on Awards takes pleasure in presenting to you this Honorary Life Membership in the American Social Hygiene Association.

. . .

During the Luncheon Session of the Association's Annual Meeting in New York on February 6, MR. MATHER also announced the award of Honorary Life Memberships to two other valued friends of social hygiene—PROFESSOR MAURICE A. BIGELOW, Chairman of the Association's National Education Committee and associated with the organization's work throughout its thirty-three years; and DOCTOR JOHN F. MAHONEY, Public Health Service Officer since 1917, and during those years actively engaged in combating venereal diseases through study and research for improvement of methods of diagnosis and treatment, including penicillin therapy.

PROFESSOR MAURICE A. BIGELOW

*Friend
and
Counselor*

To know Dr. Maurice A. Bigelow is to know a great man. Greatness is defined in many ways and its attributes vary with different people, but in the man we honor it is best described with three words—Sincerity, Simplicity, Scholarliness.

The countless number of life-long friends and the increasing numbers of new friends, both personal and professional, reflect the sincerity of his relation with people. No day was too crowded that a troubled student, faculty member, friend or stranger could not

have time to discuss his problem and receive Dr. Bigelow's kindly advice and sage counsel. It is little wonder that his interest grew from the study of nature to the field of personal and family relations. Perhaps one should use the more inclusive terminology he proposed and defends, "human relations."

His love of nature, the illustrations he used in classes, in lectures, in conversation to make more pointed a scientific fact or a practical truth, his lack of ostentation reflect his love of simple things.

His education, his professional life, his affiliations, the many signal honors bestowed upon him, and the long list of his publications give testimony to his active, practical and scholarly mind. H. J. B.

Teacher and Administrator Mauriee Alpheus Bigelow holds a position of eminence in the field of education, not only as a leader in the reorganization of the teaching of science, but as an educational administrator of rare skill and foresight.

Born in Ohio, educated at Ohio Wesleyan, Northwestern and Harvard, he came to Teachers College, Columbia University before the turn of the century and spent his early years in the teaching of biology and in research in the biological sciences. Here it was that he laid the foundation for his later substantial contributions, not only to the improvement of the teaching of these subjects in the common schools, but also their application to the problems of the individual, the home and the community.

Doctor Bigelow early demonstrated his aptitude as an administrator, precise in his planning, careful in his records and accounts, definite in his decisions. In 1914 he was appointed Director of the School and Faculty of Practical Arts under Teachers College, which proved to be an experiment with a new form of college education with great emphasis on the practical work that many need to do in the world, particularly in the home, the hospital, and the institutions devoted to social welfare. Through this new experimental college, Doctor Bigelow's influence has extended, not only throughout the United States, but also in many countries throughout the civilized world.

PROFESSOR BIGELOW



On October 31, 1929, President Butler conferred honorary degrees on members of the University faculties for distinction in scholarship and service. In conferring the degree of Doctor of Science on Mauriee A. Bigelow, President Butler used the following citation:

"Bringing large biological knowledge and severe training to the service of those practical arts that strengthen health and the home and help to advance civilization in its smallest details." W. F. R.

*Editor and
Exponent
of Social
Hygiene*

Paralleling Professor Bigelow's professional career of forty years at Columbia University, as a teacher and university administrator in the field of education, there has been a fascinating and fruitful career—largely unrecorded—of extra-mural activities, writing and leadership in social biology, eugenics, health education, and social hygiene; along with public health service in the two world wars, and innumerable other pursuits which have had their constructive influence on the lives and happiness of people and community life in every part of the world. When he founded, edited and built up (1905–1910) the wide circulation of a popular magazine the *Nature Study Review*, for example, Professor Bigelow brought to children, teachers and parents a new world of knowledge and interest in nature. When he added public information about eugenics and skillfully included tested knowledge of genetics and the influences of environment, he broadened the basis for studies of social biology and incorporation of its teachings in the content of a wide variety of courses in the established curricula of schools and colleges and their extension teaching.

In 1913, the editor of *The Independent*, Dr. Hamilton Holt, now president of Rollins College, wrote an editorial on what he described as “a splendid report of the American Federation for Sex Hygiene prepared by a special committee composed of Dean Thomas Balliet, Professor Bigelow and Dr. Prince Morrow—names which insure sanity and sound knowledge.” From that notable beginning to his present Chairmanship of the Association's distinguished Committee on Education, Dr. Bigelow has continued to lead this country step by step toward sound sex education integrated in normal human relations.

Now after supplementing his professional career by nearly half a century of distinguished service in behalf of public education in these special fields beyond the walls of Columbia University, Professor Bigelow insists he must retire, and writes a friend: “As soon as the wartime program of the Association quiets down, I expect to complete the above mentioned book (*Sex Education Integrated in Human Relations Education*), and another on biology and human relations, which is a work-textbook for early years of college.” In fulfilling this expectation as in other future activities which may claim his attention, the Association desires eagerly to aid and abet him. Nothing is more important to the future conservation of home and family life than sound knowledge in this field, wisely imparted, and personally applied by the youth of America.

In presenting this Honorary Life Membership the Association gratefully acknowledges the continuous services and guidance, as an officer and member of the Board of Directors, which Professor Bigelow has contributed since its organization.

W. F. S.

BIOGRAPHICAL NOTES

Born December 8, 1872, Union County, Ohio

Son of Alpheus Russell and Hattie (Parthemore) Bigelow. Grandparents

belonged to four early Ohio-New England families; Bigelow, Parthemore, Morse, Converse

Married, 1900, Anna Neiglick, of Chicago; B.S. and M.S., Northwestern University

Graduate of Ohio Wesleyan University, B.S. (1894)

Post-graduate of Northwestern University (M.S., 1896); and Harvard University (Ph.D., 1901)

Honorary degrees from: Columbia University, Sc.D. (1929), Ohio Wesleyan, LL.D. (1930)

Instructor in biology at Ohio Wesleyan and Northwestern, 1895-98. Member of Staff of Teachers College, Columbia University, 1899-1939; Instructor in biology, 1899-1902; adjunct professor, 1903-1907; professor, 1907-1939; professor emeritus since 1939; director of School and Faculty of Practical Arts, 1914-1935; director of Institute of Practical Science Research, 1934-1939

Member of American Society of Zoologists, American Society of Naturalists, American Nature Study Society, American Eugenics Society, National Education Association, Fellow of AAAS (secretary zoology section 1908-13), Fellow American Public Health Association, President of New York Social Hygiene Society, 1916-17. Member since 1914 and chairman of Executive Committee of American Social Hygiene Association, 1925-39

Founder, editor of *Nature Study Review* (1905-10). Organizer of American Nature Study Society (1908)

President of American Eugenics Society, 1940-45; co-editor of *Eugenical News*

Author of: *Teaching of Biology* (with F. E. Lloyd), 1904; *Applied Biology and Introduction to Biology* (with Anna N. Bigelow), 1911-13; *Sex Education*, 1916 (revised edition 1936); health textbooks (with Dr. Jean Broadhurst), 1924-29; *Adolescence; Educational and Hygienic Problems*, 1924, revised 1937.

Author of various pamphlets and reprints relating to the larger social hygienic education (1910-1945), chief of which are:

1909-11, Questionnaires concerning "sex hygiene" in education, Morrow and Bigelow, comprising collected facts for report to International Congress of Hygiene in 1912, and for a projected book, *Sex Education*, which Bigelow completed in 1916.

1911, *Biology in Relation to Sex Instruction in Schools and Colleges*

1912, *Matter and Methods of Sex Education*. Morrow, Balliet, Bigelow

1913, *Sex Instruction as a Phase of Social Education*

1913, *Sex Education. Transactions of Fifteenth International Congress*

1915, *The Educational Attack on the Problems of Social Hygiene*

1924, *The Established Points of Social Hygiene Education*. Revised 1933, 1936 (in *Sex Education*), 1937, in preparation for 1946.

1926, *Sex Education*, in *Encyclopedia of Education*

1928, 1930, *Physical Basis of Character Education*

1930, *Sex Education and Sex Ethics*, in *Encyclopedia of Social Sciences*

1930, *Sex Education in Parent Education*

1935, *The Past and Future of the Educational Program of the American Social Hygiene Association*

1938, *Sex Education in America Today*

1940, *Health Education Concerning VD*

1941, *Health Education in Relation to VD Control Education*

1941, *Human Relations Education*

1942, *Social Hygiene and Youth in Defense Communities*

1942, *Sex Education in School Programs of Health and Human Relations*

1943, *Some Dangerous Communicable Diseases*

1943, *Why Youth Should Know the Important Facts About VD*

1945, *Education and Guidance Concerning Human Sex Relations*

JOHN F. MAHONEY, M.D.

The introduction of penicillin into the physicians' armamentarium for use against syphilitic infections seems already to have occurred long ago, so rapid and widespread has been the acceptance of this form of therapy, which scientists still consider to be necessarily in its early and experimental stages. Doctor John F. Mahoney is one of the outstanding scientists and physicians who have been steadily developing our knowledge and therapy of this disease. It has been hardly more than two and a half years since he laid the foundation for this epochal advance by making to a waiting world a presentation of his discovery so important to humanity.

The question is asked—what sort of man is this scientist? The answer of those who know him best is that in his name the "F" stands for *Friend*—a name which is not only a legal fact, but one which mirrors his kindly and genuine interest in his fellow man and all that makes for good citizenship and home life. This is the testimony of the staff and neighbors of Dr. and Mrs. Mahoney and their children John and Janet in Rosebank, Staten Island.

Born in Fond du Lac, Wisconsin, Doctor Mahoney graduated from Marquette University in 1914, and first attracted attention to his rare skill and resourcefulness in diagnosis and treatment techniques during his interne services in the Milwaukee County and the Chicago Lying-in Hospitals. He entered the United States Public Health Service in 1917, and took part in an intensive effort to lessen the incidence of pulmonary tuberculosis among coal miners of the southern States. Doctor Mahoney was assigned next to work abroad on the medical aspects of immigration, and was stationed at Dublin, Ireland, Liverpool, England, and Bremen, Germany. Not being content with discharging his routine duties, he spent his spare time visiting the laboratories and clinics of the leading syphilologists of those places, and studied avidly—making use not only of books and reports but of the microscope, the test tube, the experimental animal, and the post mortem room to learn the nature of the persistent, often insidious and ever treacherous syphilis organism.

Returning from his tour of duty in Europe he was appointed clinical director and executive officer of the U. S. Marine Hospital on Staten Island, New York. His special interest and training in the study of venereal disease problems was soon recognized and he was permitted to spend a portion of his time in delving further into laboratory research in syphilis. The work was started in a single, poorly equipped room. But the enthusiasm of this ingenious worker surmounted all difficulties, and the Venereal Disease Research Laboratory slowly, but steadily, expanded in size and importance in the field of venereal disease

DR. MAHONEY



investigations under the capable leadership of Doctor Mahoney, its director.

During the past 15 years Doctor Mahoney and his associates have been recognized for their successful researches which have added greatly to our knowledge of syphilis, gonorrhea, and other venereal diseases, and of ways to combat them. His contributions include improvement and standardization of the serum diagnosis of syphilis, studies of the fate of injected arsenic and bismuth, the penetration time of the spirocheta pallida, the role of blocking the reticulo-endothelial system on serologic response, the development of a delayed darkfield examination technic, extensive and exhaustive syphilis prophylactic experiments on animals, and a carefully controlled gonorrhea prevention study in humans.

In addition, other activities under Doctor Mahoney's direction have proved of equal importance. Among these are the annual serologic surveys which he conducts; and the improvements in standardization and use of various test procedures and serologic test reagents, and in bacteriologic methods of gonococci identification. Then there has been a rapid growth of instruction and training of personnel and students in the technical aspects of laboratory diagnosis of the venereal disease group, and in the sulfonamide treatment of gonorrhea, in intensive arseno-therapy, and in the penicillin treatment of both gonorrhea and syphilis.

The last International Serologic Congress, which was held in Washington, D. C., in 1941, and was highly successful, was under the immediate direction of Doctor John F. Mahoney. This Congress coming as it did in the midst of war benefited all nations and resulted in notable gains in conserving the health and efficiency, and lives of our own military forces.

Asked for a New Year's summary of progress in this field of medicine and public health and prospects for further advancement—Dr. Mahoney said with characteristic reserve and scientific caution: "Many problems remain to be investigated and close study will be required to properly evaluate the instrumentalities which are now available. Recent advances in therapy appear to have the effect of lessening the physical injury to the individual patient. The impact which the more adequate therapy may have upon the general incidence of the venereal disease group can only be measured when the influence of the World War upon the social structure is less acutely evident than at the present time. With the wise use of the instrumentalities which we have and with further improvement in skill and aptitude in approaching the critical phases of the general problem, the decade ahead should be one of great promise."

Doctor Mahoney is a member of the Committee on Chemo-therapeutics and Other Agents of the National Research Council, and its Sub-Committee on Venereal Diseases; consultant to the National Institute of Health (Syphilis Study Section); lecturer at New York University; life member of the Association of Military Surgeons;

and member of other medical and scientific societies and organizations here and abroad.

Necessarily these are only a few reference notes put together about a scientist and physician who has worked quietly and to great purpose in a field of medicine, public health, and social welfare which a quarter of a century ago seemed barren and hopeless, but now seems destined to produce the final victory over syphilis and gonorrhea as two of the major disease enemies of mankind.

In recognition of his devoted and untiring services in behalf of science and human welfare, the Committee on Awards is privileged to present to Doctor John F. Mahoney this Honorary Life Membership in the American Social Hygiene Association.

. . .

The Social Hygiene Day Luncheon Meeting of the District of Columbia Social Hygiene Society on February 13, was the setting for presentation of Honorary Life Membership to the RIGHT REVEREND JOHN M. COOPER, Professor of Anthropology at Washington's Catholic University, long a friend and adviser to social hygiene and active in the Association's work. The HONORABLE ALAN JOHNSTONE, General Counsel, Federal Works Agency, and ASHA Board Member, made the presentation.

JOHN MONTGOMERY COOPER, B.A., PH.D.

Teacher, author, scientist and leader in the promotion of sound human morality, the Right Reverend John Montgomery Cooper has served notably in the social hygiene field for upward of three decades. His writings and counsel have been incorporated extensively in the movement's practice and philosophy. His years of activity on committees, in research groups, and as a member of both the Board of Directors, American Social Hygiene Association, and the Editorial Board of the Association's *Journal*, have made his sage counsel and probing mind of wide usefulness in developing logical programs and policies.

Born at Rockville, Maryland, on October 28, 1881, Father Cooper is descended from James Cooper of Mayfield, Staffordshire, England, who settled at Darby, Pennsylvania, in 1684. After matriculating at St. Charles College, Maryland, he enrolled at the American College in Rome where, after receiving his Doctor of Philosophy Degree in 1902 and being awarded the Doctorate in Sacred Theology three years later, he was ordained to the priesthood on June 17, 1905. Since 1909 Dr. Cooper has been a faculty member of Catholic University, being named Pro-

FATHER COOPER



fessor of Anthropology in 1928. Five years ago he was elevated to the rank of Monsignor by Pope Pius XII.

But let no one think that the cloistered academic campus and the writings and researches of this scholar portrayed in *Who's Who*, and other biographical reference books which include outstanding leaders in science, education and religion, have succeeded in confining the Doctor's body or mind intramurally. Those who have been privileged to sit with him in his study, while smoke rings curl up from his friendly pipe, have heard fascinating stories of his travels to all parts of the world and his twelve expeditions to various American Indian tribes amongst whom he has carried on much field research. His discoveries relative to land tenure, hunting and trapping methods, and the magico-religious culture of such tribes as Têtes-de-Boule Cree, James Bay Cree and Montagnais, and the Athabaskan-speaking peoples of the Mackenzie Valley rank high in scientific circles, as do his discoveries in the stratification of culture in southern South America, especially of the Tierra del Fuego tribes.

Dr. Cooper's four books on his anthropological findings, supplemented by numerous articles in scientific journals both here and abroad, have gained high and merited praise. His attainments have been recognized by his professional colleagues on numerous occasions through election to posts of responsibility in national and international societies. In 1939 he was presented the Mendel Medal by Villanova College—an award founded in 1928 in honor of Gregor Mendel, Abbot of the Augustinian Monastery, Brunn, Austria, whose scientific researches gave to the world the celebrated and invaluable Mendelian Laws of Heredity.

Studying the habits, cultures and conduct of mankind in general has given Father Cooper a keen insight into those vital sectors of their folkways and mores embraced in the social hygiene field. His interest in this field of human relations and welfare was particularly stimulated and translated into constructive action during his distinguished service in the first World War when he was in charge of camp and community activities of the National Catholic War Council. This abiding interest has been evidenced not only in his helpful contributions to committee deliberations but throughout his articles on social hygiene and sex education in such publications as the *International Journal of Ethics*, *Catholic Charities Review*, *International Clinics*, and the *Journal of Social Hygiene*.

In recognition of these numerous services, the Committee on Awards takes pleasure in presenting to Father Cooper this Honorary Life Membership in the American Social Hygiene Association.

. . .

Another Social Hygiene Day Meeting in San Antonio, Texas, was the occasion of presentation of Honorary Life Membership to PAUL L. ANDERSON, Fire and Police Commissioner of San Antonio, and an outstanding leader in the nation-wide united effort of official and

voluntary agencies to safeguard military forces and civilian communities from prostitution and venereal diseases during World War II. BASCOM JOHNSON, Director of the Association's Division of Legal and Protective Services, made the citation on behalf of the Committee on Awards.

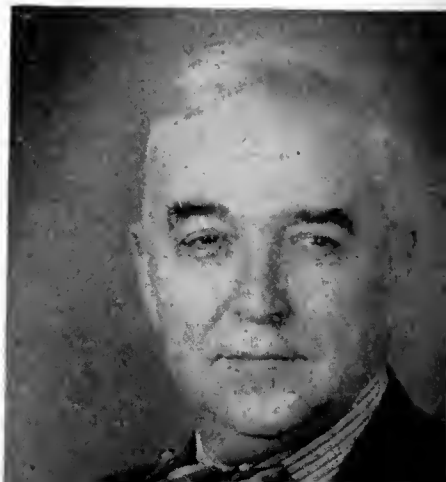
P. L. ANDERSON

When, in 1939, the nations of the earth began their final drift toward World War II, and the President declared a limited emergency requiring mobilization for national defense, San Antonio, among other cities strategically located for military training, faced a difficult situation. The steps subsequently taken in that area to solve the social hygiene problems involved are history now—history which centers about the leadership of Commissioner Paul L. Anderson and the teamwork of civic and military authorities supported by the voluntary agencies concerned. What happened in this pioneer city of the southern border favorably influenced the whole program for protection of the health and welfare of the armed forces everywhere in the United States.

The most dramatic chapters of this story relate to the abolition of the "red-light district" which had entrenched itself in the city and the vicinity and fought hard with every legal and illegal weapon available. This battle was won and Commissioner Anderson says today "I am determined that never again will open commercialized prostitution exist in this community as long as I have the power to prevent it."

Equally encouraging if not so dramatic are the chapters dealing with the public health and medical measures taken and the good results attained in battering down and keeping low the venereal disease rates for both military and civilian populations. As early as March 29, 1943, Major General Richard Donovan, Commanding General of the Eighth Service Command, writing the Commissioner about both these phases of protection and safeguarding of the armed forces, said, "My medical officers have called my attention to the fact that there has been, during February, a further substantial reduction in the number of venereal infections acquired in San Antonio by the troops of the Eighth Service Command. I am also advised that the rate per thousand per year among the troops stationed in Bexar County, which is chargeable to San Antonio, fell to a new low of 10.8 during the month. This is very gratifying to me, as it must be to you and all other patriotic citizens who are interested in keeping our fighting men fit to fight. Without your personal cooperation, as well as that of the police and other departments of the city government, no such result as that above noted could have been obtained. May I take this occasion to express my real appreciation

COMMISSIONER ANDERSON



of the efforts which you personally, and the Police Department under your direction, have made and are making for the prevention of the spread of these diseases."

These favorable reports have continued throughout the intervening years; and for protection of the family and community life of San Antonio and the southwest an even more notable gain has been made. This comprises the increased understanding of social hygiene problems as a whole and the determination of home, school, church and other character-building agencies to prevent a return of the destructive anti-social conditions which have been successfully fought during the war.

The early experience and training of Commissioner Anderson is interesting in its bearing on the part he has played in San Antonio's contribution to the winning of the war, and the leadership expected of the city in establishing a similar permanent peacetime program in other communities, states and the nation. His forebears moved to Texas more than a century ago. He was born in Greenville, November 20, 1889 and educated in the public schools and law school. Outstanding in his professional life were his twelve years as a member of the Texas House of Representatives. With this background of knowledge of Texas and its laws and public welfare needs, he was elected Fire and Police Commissioner of San Antonio in June 1941.

This was a critical period in the nation's preparation and training for defense or the eventualities of war. It was recognized that policies along the entire southern border would be influenced by what San Antonio did in this emergency. Commissioner Anderson closed all houses of prostitution, and established effective measures for repression of related activities of the racketeers who exploit men and women in this manner. Moving steadily forward in cooperation with the Government authorities and voluntary agencies, Commissioner Anderson, the Mayor, the other City Commissioners and the Chamber of Commerce succeeded in creating a modern health department and providing new quarters for both the city and county departments. Federal assistance was secured for establishing a rapid treatment center for venereal diseases. Most important has been the keeping of these facilities and the operating personnel free from political control.

Commissioner Anderson has received national and international recognition of his work. The press has repeatedly described and commented favorably on San Antonio's fight to control prostitution and the venereal diseases. The Government of Mexico awarded him its highest honor—the Order of the Aztec Eagle—in 1944; and the Mexican National Police Association unanimously adopted a policy of repression of commercialized prostitution on the basis of a resolution proposed by him in 1942. The *Survey Graphic* published in March 1943 a widely quoted article on the subject of San Antonio's successful fight in this field of social welfare entitled *Sick Men Can't Fight*, and the National Advisory Police Committee on Social Protection, of which Commissioner Anderson is a member, and the

American Social Hygiene Association have used San Antonio's experience together with that of other cities in constructive efforts to secure united action along similar lines in all parts of the United States.

In recognition of his devoted and skillful services in uniting official and voluntary health and welfare forces in building a firm foundation for future progress in the broad fields of social hygiene, the Committee on Awards presents to Commissioner Anderson this Honorary Life Membership in the American Social Hygiene Association.

CERTIFICATE OF AWARD AS PRESENTED TO HONORARY
LIFE MEMBERS

THE AMERICAN
SOCIAL HYGIENE ASSOCIATION



AWARDS
HONORARY LIFE MEMBERSHIP

To

Committee on Awards



THIRTY-THIRD ANNUAL MEETING
AMERICAN SOCIAL HYGIENE ASSOCIATION
(BUSINESS SESSION)

February 6, 1946

Hotel Pennsylvania, New York City

ABSTRACT OF PROCEEDINGS

In accordance with action taken at the last annual meeting, it was agreed that the full minutes and related reports and documents would be filed in the national office of the Association; and would be available for inspection, but would not be published this year. It was understood, however that inquiries regarding the transactions of the meeting would be answered in person or by correspondence at any time. It was explained that the purpose of this action was to save paper and cost of printing and distribution.

Elsewhere in this number of the JOURNAL there will be found information regarding the program and proceedings of the annual Regional Conference on Social Hygiene. Also there will be found the message from President Ray Lyman Wilbur which Mr. Bailey B. Burritt read in opening the meeting.

At this business session, reports were presented and filed from the following: Board of Directors, Finance Committee, Treasurer and Auditor, General Advisory Committee, Committee on Awards, Committee on Credentials, Committee on Resolutions, Committee on Nominations.

The final report from the Committee on War Activities was presented by the Chairman, Mr. Philip R. Mather and, on his recommendation, the Committee was discharged on motion of Dr. Clarke who presented the following resolution:

The American Social Hygiene Association assembled in its Annual Meeting on February 6th, 1946, in New York City, wishes to express its gratitude for the services rendered by the Committee on War Activities with Mr. Philip R. Mather as Chairman and Mr. Sewell Avery, Major General Merritte W. Ireland, Dr. Fred Murphy and Dr. William F. Snow as members. This Committee, which came into existence during the period of the limited emergency and was called at that time the Committee on National Defense Activities, has played a very important role in influencing the policy and procedures of the Federal Government during the war and in guiding the policy of the American Social Hygiene Association in all of its defense and war activities. The war having ended, it is appropriate to release this Committee from its duties. The gratitude and appreciation of the Association goes to every member of the Committee and particularly to the Chairman who devoted much time to the Committee's work.

The annual corporation report required by the State of New York from non-profit membership corporations was approved, and the following resolution was adopted:

RESOLVED: That the acts and proceedings of the Board of Directors, of the Executive Committee, and of the officers of this Association heretofore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

Two reports were of special interest to the members: (1) a special report on Puerto Rico by Mr. Mather who had recently represented the Association in a study of social hygiene conditions there and a series of conferences with military and civilian authorities; (2) a Report by Miss Jean B. Pinney on the year's activities of the Association's Committee on Inter-American Cooperation.

The members then gave attention to the annual report of the Executive Director including a summary of the activities of the Association during the period of World War II. This *Report* is published elsewhere in this number of the *JOURNAL*.

The question of revision of the By-laws to provide for the office of Chairman of the Board of Directors and to make minor changes necessitated by this proposed action was noted and referred to the Board of Directors for action.

Dr. George Baehr presented the following resolution which was adopted on motion of Dr. Clarke who pointed out that this matter had a direct bearing on important research in the improvement of diagnosis and treatment of the venereal diseases:

WHEREAS, the Di Costanzo Bill which would prohibit scientific research on dogs is now before the Legislature in the State of New York, and

WHEREAS, similar activities are being intensively carried on by some misguided and uninformed persons in Massachusetts and the District of Columbia which seriously menace the progress of medical science, and

WHEREAS, it is important that the public be informed authoritatively concerning the great scientific contributions which have resulted from research on animals, and especially on the dog, such as the discovery of insulin and the cure of pernicious anemia in man, the prevention of rabies and of distemper in dogs, and the cure of such diseases as heart worm in dogs and hook worm in dogs and in men, and

WHEREAS, the development of some of our essential knowledge concerning the sulfonamides, arsphanamine, and penicillin upon which is based the modern treatment of syphilis and gonorrhea, require the use of dogs and other animals,

Therefore, **BE IT RESOLVED**, That the American Social Hygiene Association bring these facts before the general public and the legislatures of the various States and of the District of Columbia, and that it join with all other national, State and local voluntary health and welfare agencies in opposing such retrogressive legislation, which would jeopardize the great progress being made in this country in preventive and curative medicine and in public health.

The Chairman of the Executive Committee said that during the year various other matters had been suggested for consideration at the annual meeting, but because of limited time, it had been suggested that they be referred to the Board of Directors with power. On motion, duly seconded, this action was approved.

In concluding the meeting, Mr. Burritt announced that President Wilbur asked permission to postpone the designation of membership

in the committees on Credentials, Resolutions and Nominations and recommended that he be authorized to report to the Board of Directors. Without objection the action was approved.

SUMMARY OF FINANCIAL STATEMENT FOR 1945

NET WORTH plus adjustments—January 1, 1945....		\$37,414.12
INCOME—January 1 to December 31, 1945		
Contributions	\$329,620.63	
Membership dues and subscriptions to JOURNAL OF SOCIAL HYGIENE	5,078.55	
Income from books, pamphlets, films, exhibits and other materials	11,358.81	
U.S.P.H.S. projects	24,757.27	
Miscellaneous income	235.28	
<i>Total Income for 1945.....</i>		<i>\$371,050.54</i>
EXPENSE—January 1 to December 31, 1945		
Public Information and Community Service.....	\$41,100.28	
Legal and Protective Activities.....	17,851.80	
Medical and Public Health Activities.....	12,242.92	
Educational Activities	11,092.52	
Field Services	77,132.33	
U.S.P.H.S. Projects	24,757.27	
Special Projects	119,977.27*	
Publications Service	19,442.01	
Committee Activities	4,343.55	
Administration, Publicity and Promotion	43,274.30	
<i>Total Expense for 1945.....</i>		<i>\$371,214.25</i>
MARGIN OF EXPENSE OVER INCOME FOR 1945.....		\$163.71
ASSETS:		
Cash, including revolving funds and petty cash...	\$29,905.23	
Advances for travel and services.....	4,647.15	
Accounts receivable	2,255.35	
Deferred expense	2,267.02	
William Freeman Snow Medal Fund.....	442.68	
<i>Total Assets</i>	<i>\$39,517.43</i>	
LIABILITIES: Accrued Expense	2,267.02	
NET WORTH—December 31, 1945.....		\$37,250.41

* Including field studies of prostitution and related conditions in States and communities, Youth Service, Social Hygiene Day, Industrial Cooperation, Public Health and Medical Projects, Education and Community Action Projects.

SUMMARY OF PROGRAM AND BUDGET FOR 1946

The usual publication of the adopted budget and program for the current year is not practicable at this time, due to the necessity of postponing final action until the Board of Directors can complete adjustments between receipts and expenditures for the fiscal years 1945 and 1946. Under arrangements with the National War Fund which began with October 1st as the Fund's fiscal year, the Association has parts of these two years involved in the final adjustment.

However, it was explained that the program and budget for the calendar year 1945 which was published (see JOURNAL OF SOCIAL

HYGIENE, March, 1945, pages 156-158) illustrate with one major exception the activities and approximate figures applicable to 1946.

This total for the last year was \$380,000. For 1946, it has been necessary to include preliminary activities for again securing contributions to the 1947 budget through direct appeal campaigns. This will require some changes in personnel and program and in the budget.

It was understood that as the Executive and Finance committees proceed with their work of adapting the Association's activities to this period of transition from active war to peace, these necessary adjustments and revisions would be reported to the Board of Directors and made available to members and the public on request.

SUMMARY OF THE REPORT OF THE NOMINATING COMMITTEE

The Committee reviewed previous reports of the Nominating Committee during the war period and emphasized the importance of securing the strongest directorate possible for guidance of the Association for the difficult years of the postwar period. The report outlined the desirable qualifications to be considered in making nominations and concluded with formal adoption of the following recommendations for the year 1946:

<i>Honorary President:</i>	Edward L. Keyes *
<i>President:</i>	Ray Lyman Wilbur
<i>Vice Presidents:</i>	Mrs. Frances Payne Bolton; Charles S. Johnson; Ernest Boyd MacNaughton; Arthur R. McKinstry
<i>Secretary:</i>	Robert P. Fischelis *
<i>Treasurer:</i>	Timothy N. Pfeiffer
<i>Board of Directors:</i>	Bailey B. Burritt; Margaret D. Craighill; Merritte W. Ireland; Ross T. McIntire; Alphonse M. Schwitalla

* Elected March 22, 1946.

The Committee recommended that vacancies be referred to the Board of Directors for consideration in consultation with the President at the time attention is given to the personnel of standing committees and sections of the General Advisory Committee.

REPORT OF THE COMMITTEE ON RESOLUTIONS

The Committee reported that it had acted on various resolutions during the year which were required for various purposes, among which were three, the texts of which are recorded here for JOURNAL readers:

EDUCATION AND SAFEGUARDS FOR MARRIAGE AND FAMILY LIFE

WHEREAS: The vitality of the nation and the welfare of the community are largely dependent on the strength and soundness of marriage and family life; and

WHEREAS: Both these institutions are threatened by sexual promiscuity, especially during these postwar years of social dislocation; and

WHEREAS: Eminent medical authorities have declared that "it is conduct and not medication which lies at the core of the venereal disease problem;" and

WHEREAS: Sound character-training in childhood and youth is the major influence in the promotion of high moral standards of sex conduct; therefore

BE IT RESOLVED: That the American Social Hygiene Association urges all its constituent groups and members to participate actively in all community efforts, both official and voluntary—and including especially the great forces of home, church and school—designed to improve community conditions, to reinforce ethical standards, and to provide suitable training, guidance and protection for youth.

(A resolution calling further attention to the need for developing more effective means and methods of building right thinking along the lines of social hygiene and family relationships, was also adopted.)

SOCIAL PROTECTION

WHEREAS: There is reason to believe that, in the postwar reconstruction period, the united efforts of national, state, and local law enforcement and welfare agencies, both official and voluntary, will be necessary to hold the gains made in wartime against prostitution and allied conditions; and

WHEREAS: The Social Protection Division of the government's Community War Services, at present a temporary Federal agency, has cooperated in promoting law enforcement and welfare measures, thereby helping to achieve these wartime gains in states and communities concerned,

THEREFORE, BE IT RESOLVED: That it is the opinion of the American Social Hygiene Association that there is need now to plan the continuance through some permanent Federal agency of aid, advice and encouragement to states, and through them, to their local law enforcement authorities and welfare agencies who are in a position to combat prostitution and related conditions, and to secure the enforcement of effective laws and ordinances.

FURTHERMORE, BE IT RESOLVED: That it is our opinion that such Federal agency should have the necessary status and resources in funds and personnel, to permit it effectively to work throughout the states, territories, and possessions of the United States.

CONTINUANCE OF "THE MAY ACT"

WHEREAS: The Federal law commonly known as the "May Act," "to prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health and welfare of the Army and/or Navy" by statutory limitations will expire May 15, 1946 unless continued through Congressional action and Presidential approval; and

WHEREAS: Studies made by the American Social Hygiene Association show this law to be of value in the program of protecting the health and morals of the Armed forces, and of civilians, where the statute has been invoked; and

WHEREAS: The ten million young men and women who have benefited from the protection furnished by this law, as members of the Armed forces, are returning to civilian life, where they are entitled to similar protection; and

WHEREAS: Proposed provisions for national defense and welfare indicate that in future years large numbers of our young citizens will be away from home for considerable periods of time on federal projects when they are at a most impressionable age; and

WHEREAS: The commercialized prostitution interests which this law has helped to drive out during the war years are boasting that they expect to start up again as soon as federal government authority for participation terminates; and

WHEREAS: The law in itself is evidence of the policy of the Federal government in regard to repression of prostitution, and has been shown by the Association's studies to have a restraining effect upon exploiters and facilitators of prostitution; therefore

BE IT RESOLVED: That the American Social Hygiene Association is of the conviction that the Congress should give consideration to continuation of the principles stated in the May Act through some type of Federal law designed to furnish similar protection in peacetime.

These resolutions were sent for information to a selected list of other national voluntary agencies which cooperate in studying ways and means of securing support and action in these fields of health and welfare, and a number of them have adopted resolutions of similar character or on other phases of postwar social hygiene, including the Federal Council of Churches of Christ in America, the General Federation of Women's Clubs, the National Council of Negro Women, the National Congress of Parents and Teachers, National Women's Advisory Committee on Social Protection, the International Association of Chiefs of Police, the Conference of State and Territorial Health Officers, American Medical Association, and other important and influential groups.

In addition to these and the resolutions quoted on pages 165-66, the following were recommended by the Committee and adopted at the Annual Meeting:

PROMOTION OF ACTION BY THE UNITED NATIONS TO CONTINUE
INTERNATIONAL AGREEMENTS CONCERNING INTER-
NATIONAL TRAFFIC IN WOMEN
AND CHILDREN

WHEREAS, Article 23-C of the Covenant of the League of Nations entrusted to the League "Supervision over the execution of (International) Agreements with regard to Traffic in Women and Children;" and

WHEREAS, the International Agreements of 1904 and 1910 and the Conventions of 1921 and 1933, dealing with this subject, were in general ratified by the nations then members of the League and now members of the United Nations Organization; and

WHEREAS, in fulfilling its obligations under the Covenant, the League's activities included developing machinery for the control and prevention of the traffic, continuing extensive studies to determine its nature and scope, and facilitating the exchange of information among the countries of the world; and

WHEREAS, this program was implemented by a "Social Questions and Opium Traffic Section" within the Secretariat of the League and by a Permanent Advisory Commission on "Protection and Welfare of Young People," one of whose subdivisions dealt with "Traffic in Women and Children;" and

WHEREAS, these activities of the League of Nations and its achievements in the control and prevention of traffic in women and children have been sufficient to arouse worldwide interest and support; and

WHEREAS, it is well known from previous studies, particularly following the first World War, that conditions of social upheaval and displacement of populations, involving poverty, hunger, unemployment and broken and homeless families such as exist extensively in Europe and Asia today provide favorable opportunities for traffic in women and children;

THEREFORE, BE IT RESOLVED, that the American Social Hygiene Association assembled in its annual business meeting in New York City on February 6, 1946, respectfully urge the United Nations Organization, through its proper organs and committees, to assume immediately the obligation of the League of Nations as set forth in Article 23-C of the Covenant and to carry on without delay the activities of the League in the prevention and control of the traffic

in women and children to the end that all possible be done to discourage and prevent the exploitation of women and children at this critical time in world history.

PREVENTION OF JUVENILE DELINQUENCY

WHEREAS, the New York State Interdepartmental Committee appointed by Governor Thomas E. Dewey in 1943 to study existing problems in the prevention and treatment of juvenile delinquency has recently reported its findings and recommendations, including among the latter the creation by the Legislature of a Youth Commission; and

WHEREAS, the Legislature has passed an act creating such a Youth Commission composed of the State Commissioners of Correction, Education, Mental Hygiene, Social Welfare, Industry, Board of Parole, and one other member appointed by the Governor; and

WHEREAS, this act has equipped this Youth Commission with funds to discharge wide powers and duties including the making of further studies and researches in this field and the granting of financial assistance to municipalities for the creation and operation of Youth Bureaus and Recreation and Education Projects; and

WHEREAS, United States Attorney General Tom Clark, with the approval of President Truman, is planning to set up a panel of experts to make similar studies and recommendations for action in this field on a national basis;

THEREFORE, BE IT RESOLVED, that the American Social Hygiene Association express its interest in and approval of such state and national programs and also the hope that such studies and researches and financial assistance to municipalities will include those relating to laws and their enforcement which are designed to deter persons and to eliminate conditions which contribute directly or indirectly to juvenile sex delinquency, and also those relating to the education of youth in those principles which will best contribute to the establishment and maintenance of sound home and family life.

Resolutions were also adopted regarding the loss of services and inspiration of members and officers whose deaths occurred during the year, including:

Dr. Ellie M. Alger
Dr. S. Josephine Baker
Dr. Walter B. Cannon
Dr. Thomas Darlington
Dr. William J. Ellis
Dr. Don W. Gudakunst
Harry Hopkins

Mrs. Henry Howard
Dr. W. S. Leathers
Dr. Mazyek P. Ravenel
Mrs. Raymond Robins
Dr. James Earl Russell
Dr. Hugh H. Young
Dr. Caroline B. Zachary

Also resolutions in appreciation of the cooperation of agencies joining in sponsorship of Social Hygiene Day meetings and conferences, and in recognition of the devotion and excellent work of the headquarters and field staffs.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION AND WORLD WAR II

A REPORT BY THE ASSOCIATION'S EXECUTIVE DIRECTOR

WALTER CLARKE, M.D.

Beginning with the limited emergency declared by President Roosevelt in September, 1939, the Association converted to a "defense basis" and molded its program toward meeting the social hygiene problems associated with mobilization of the nation's armed forces and defense industries. Immediately after Pearl Harbor the Association went on a war status which continued until December 31, 1945.

The defense and war programs called for action along the following lines:

1. *Legal and protective*—for the reduction of prostitution and prevention of delinquency.
2. *Educational activities*—for the Army and Navy and for war workers.
3. *Activities in aid of the prevention of venereal diseases.*

Beginning in the winter of 1939, the Association undertook prostitution studies of communities near Army and Navy mobilization centers, maintained a careful watch for the expected increase in prostitution activities, and exerted all its influence to clean up bad situations especially where the health and welfare of the armed forces was threatened. The distribution of educational materials to the personnel of the Army and Navy also was begun at that time.

In this period before Pearl Harbor also, the Association, through its President and members of its Board, advocated the adoption by the Federal Government of policies calling for vigorous law enforcement, instruction of the armed forces regarding venereal diseases, adequate medical and public health measures both military and civil, and adequate recreation facilities. The President of the Association and other officers met with the Secretary of War, the Secretary of the Navy, the Administrator of the Federal Security Agency and urged this policy. It was adopted and put into effect by the Federal agencies concerned, and the Association appointed a Committee on War Activities to continue its close contacts with the Federal authorities.

The Association helped to draw up statements of policy on venereal disease control, and to demonstrate the policy's value. Known as the *Eight Point Agreement and Relationships in Venereal Disease Control* these documents were signed by representatives of the Army,

Navy, Public Health Service, The Federal Security Agency and the American Social Hygiene Association.

The Association drew up and advocated passage of a bill to empower the Secretaries of War and the Navy to create a zone around any Army or Navy establishment within which zone prostitution became a Federal offense. This bill became law, known as the May Act. It is still in effect having been extended in May, 1945 as a result in part of the Association's effort.

PUBLIC LAW 163—77th CONGRESS

Chapter 287—1st Session

An Act

To prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy.

The Association advocated the establishment of a branch of the Federal Government to aid the state and local authorities in the repression and prevention of prostitution. The Association's plan was adopted and the Social Protection Division of the Federal Security Agency was established as a temporary war emergency agency. The Association loaned members of its staff to become the first Director, Assistant Director and two of the field representatives for the Social Protection Division. In June 1945 the Association assisted in reinstating the appropriation for the Social Protection Division. This Division is still operating on a reduced scale; and the Association is supporting legislation to extend its activities on a peacetime basis.

The Association drew up a plan for liaison between the venereal disease control branches of the Army and Navy, and the Public Health Service, the Social Protection Division and the American Social Hygiene Association. This plan was adopted and the Interdepartmental Venereal Disease Control Committee was set up and continued to function throughout the war.

The Association successfully supported increased appropriations to the U. S. Public Health Service for aid to the states in meeting emergency venereal disease control problems growing out of the war.

Following is a list of important appointments held by members of the Association's staff in relation to Government agencies during the war:

1. Consultant to the Secretary of War (on venereal disease control).
2. Member of the Interdepartmental Committee on Venereal Disease.
3. Member of the Committee on Venereal Diseases, National Research Council, Office of Scientific Research and Development.

4. Director, Assistant Director and two field representatives of Social Protection Division, Federal Security Agency (1941).
5. Member of the Advisory Council, Women's Interests Section, Bureau of Public Relations, U. S. War Department.
6. Two members of the National Advisory Committee on Social Protection and Venereal Disease.
7. Member, National Women's Advisory Committee on Social Protection.
8. Special Consultant to the U. S. Public Health Service.
9. Member of the U. S. Public Health Service Advisory Committee on Public Education for the Prevention of Venereal Diseases.
10. Two members of the National Advisory Police Committee on Social Protection, Social Protection Division, Federal Security Agency.
11. Member of Committee on Community Organization, Federal Security Agency.
12. Consultant to the Social Protection Division (1943).
13. Consultant at the U. S. Public Health Service, National Conference on Venereal Disease Control Needs in Wartime, Hot Springs, Arkansas, 1942.
14. Chairman, Section on Education and Community Action, U. S. Public Health Service, National Conference on Postwar Venereal Disease Control, 1944.
15. One of four representatives from the United States to the Canadian National Conference on Venereal Disease Control held at Ottawa, 1944, on the invitation of the Canadian Government.
16. Assistant VD Control Officer, U. S. Navy.
17. Many services of field staff in military areas equivalent to the above national assignments.

Thus the ASHA played its appropriate part in securing the adoption by the Federal Government of sound wartime social hygiene policies, in obtaining necessary legislation to make these policies official, in setting up of the necessary emergency agencies and in recruiting, training and supporting these officers in their several duties.

World War II policies and programs were the same as those adopted and followed in World War I when the Association played a similar role. The ASHA is proud to have been officially recognized as a member of the "Team" responsible for the prevention of venereal diseases and the mitigation of moral hazards in two world wars.

During World War II this team maintained the lowest venereal disease rate ever achieved by any armed forces in any war period.

FINANCES

The total annual expenditures of the Association from 1939 through 1945 was as follows:

1939.....	\$156,944.88
1940.....	193,379.33
1941.....	211,763.71
1942.....	255,134.58
1943.....	319,072.78
1944.....	359,591.59
1945.....	371,214.25

MEDICAL AND PUBLIC HEALTH ACTIVITIES

Army and Navy Activities

Participated in 24 regular courses on Tropical Medicine (including venereal diseases) in which 1,859 officers received instruction at the Army Medical School.

Participated in the Army-Navy Venereal Disease Control courses at Johns Hopkins University.

Continued to give a 40-hour course of instruction on medical and administrative aspects of venereal disease control at the Harvard School of Public Health each year throughout the war.

Participated in the orientation courses given by the Public Health Service at Bethesda, Maryland, for newly recruited Public Health Service personnel.

Visited each of the nine Army Service Commands 6 to 8 times during the period September 1939 to December 31, 1945 and conferred with the medical and military police officers at the Service Command Headquarters and at many posts and stations throughout the country. Visited each of the thirteen Naval Districts at least three times during the war. The purpose was to encourage, advise, and support the Venereal Disease Control Officer, to supply with information, and often to aid in solving difficult problems in relation to civilian communities or military or naval organizations.

Informal conferences were held about 6 times per year in Washington between the medical personnel of the Association and the Directors of the Venereal Disease Control Divisions of the Army, the Navy and the United States Public Health Service, and the Director of the Social Protection Division. Similar conferences were arranged on the visits of the Association's medical personnel to the Service Commands and Naval Districts. These off-the-record discussions were regarded by all concerned as extremely valuable in maintaining unity of policy and action nationally and regionally.

The Venereal Disease Committee of the National Research Council

A physician of the staff served on this Committee from its beginning in 1940 to the present time. Information regarding much of the work of this Committee is still restricted but it can be stated that the Committee, under authority of the National Research Council and the O.S.R.D., had charge of most important research projects on penicillin in relation to the treatment of syphilis and gonorrhea. This research led to the establishment, in the Army and Navy, of methods of treatment for syphilis and gonorrhea which saved many million man-days. Other subjects of research under this Committee included false positive serological reactions, new method of chemical prophylaxis, and rapid treatment methods other than those employing penicillin. Both medical and administrative venereal disease control problems were referred to the Committee by the Army, the Navy, the Public Health Service, and more recently, the Veterans' Administration.

General

The activities of benefit to the state and local health authorities, to hospitals and to the medical profession have continued throughout the war.

1940

"... The local police and health authorities, the State Departments of Health, the Army and the Navy desire the assistance of representatives of the American Social Hygiene Association and affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures."

Point 8 of the Eight Point Agreement of 1940, an agreement by the War and Navy Departments, the Federal Security Agency and the State Health Departments, on measures for the control of the venereal diseases in areas where armed forces or national defense employees are stationed.

"... In World War I venereal diseases constituted by far the greatest single threat to the Army's efficiency and morale. I can testify to the invaluable assistance given the Army in that war by the American Social Hygiene Association."

John J. Pershing

General of the Armies

"... As the first contingent of young men are being inducted into service for their year of military training, the War Department is becoming increasingly aware of its responsibility for their health and well-being. ... The program which early this year you formulated, initiated and carried through with the Public Health Service and State and local health authorities rendered a very great service during maneuvers of the Army and National Guard last spring and summer. I sincerely hope you will continue your aid."

Henry L. Stimson

Secretary of War

"... The Navy Department recognizes the services of your Association in aiding civilian authorities and voluntary groups in areas surrounding our Naval Stations. United action of such civilian forces ... is vitally important to success of the Navy's efforts to safeguard health and morale of its personnel."

Frank Knox

Secretary of the Navy

"... The rapid development of the national defense program is creating an urgent need for assistance from such organizations as the American Social Hygiene Association and its affiliated societies. ... The cooperation and leadership of such voluntary organizations are essential aids to the civilian authorities and citizens in combating the destructive forces of prostitution and venereal diseases."

Thomas Parran

Surgeon General, United States Public Health Service

1942

"From every quarter come evidences of our national concern for total physical and moral fitness in this war for survival, fitness for the freedom we cherish. So far as the Federal Government is concerned, I have reports of the recent meeting between the United States Public Health Service and the War Production Board looking to a vigorous emphasis on industrial hygiene and health education in the current war production drive. Cooperation of the Public Health Service and the Department of Labor in accident prevention has been continuous. The Interdepartmental Committee on Venereal Diseases has made splendid progress in eliminating from the vicinity of camps and naval stations that major source of infection—the red light district. The War Production Board is cooperating in the extension of that effort to industrial areas, where, incidentally, a major part of military and naval infection is derived. The community facilities program is rapidly supplying the necessary sanitation, and hospital and clinic facilities in the communities surrounding camps and industrial areas. The Procurement and Assignment Service is spreading our medical manpower to serve these new population centers. Our program for the rehabilitation of rejected selectees is rapidly taking form, as well as health education in our schools and other agencies. But this job depends ultimately on the people themselves and their moral fibre. Increasingly State and local officials are giving leadership in public health and law enforcement. From religious leaders and responsible citizens come to me, almost daily, expressions of their concern, which they are translating into active local cooperation for total effectiveness. In fact, only good local community organization can meet many of these needs.

"I therefore call for the united efforts of government—Federal, State and local—of business and industry, of the medical profession, of the schools, and of the churches; in short of all citizens, for the establishment of total physical and moral fitness. No one can doubt the objective, or fail to cooperate in the various programs when he understands them. This is one effort in which every man, woman and child can play his part and share in ultimate victory.

Franklin D. Roosevelt

President of the United States of America

"... There are at this time four Federal agencies, namely, the Army and Navy, the U. S. Public Health Service and the Social Protection Division of the Federal Security Agency, and one nation-wide voluntary organization, the American Social Hygiene Association, which are actively engaged in measures for the control of venereal diseases among the armed forces. Obviously the complete cooperation of these groups is necessary for the successful promotion of venereal disease control activities. . . ."

*From Relationships in Venereal Disease Control
of Army, Navy, U. S. Public Health Service, Office
of Defense Health and Welfare Services and the
American Social Hygiene Association*

1942

"In addition to the moral aspect of the matter, the War Department is interested in the prevention of disease among soldiers as a basic necessity in creation of an efficient military force. . . . The American Social Hygiene Association, because of its twenty-five years of activity in the campaign against venereal diseases, and particularly its experience in the first World War, is ideally fitted to aid in this task. Your assistance is of vital importance in forestalling the dangers of exposure to infection. . . ."

Henry L. Stimson
Secretary of War

"The Navy Department has benefited by the various services carried on by the Association. . . . I would mention particularly the surveys of vice conditions in towns and cities frequented by sailors while on leave. . . . I urge the Association to keep up this good work."

Frank Knox
Secretary of the Navy

"Your national Association began the good fight nearly thirty years ago, when the world believed that vice was inevitable and venereal disease the just—but very secret—punishment for sin. Victory is to the persistent. And this is indeed a crowning campaign."

Paul V. McNutt
Federal Security Administrator

"The nation-wide organization of the Association provides a connecting link between the general public and governmental efforts to control venereal disease. It provides extremely valuable help in educating the public to the danger of these diseases in a nation whose health and morale must be kept at peak in order to wage a successful war. The Association is making a real contribution to the nation's health and therefore to the nation's victory."

Thomas Parran
Surgeon General, United States Public Health Service

"The Association is living up to its long tradition of fine service by performing a most important part of the war program. Its field studies are the principal source of our information about prostitution activity all over the country. Its studies and reports on legislation are the basis for all activity in promoting this plan of law enforcement. But the big job on which it takes the lead is the general promotion of sound public opinion about these and other social hygiene questions."

Charles P. Taft
*Director, Community War Services
Federal Security Agency*

1946

"... During the war the American Social Hygiene Association performed invaluable service in helping to make effective the eight-point program for prevention and control of venereal diseases and repression of prostitution in communities near which soldiers, sailors and industrial war workers were located. The Association's work must be continued in full force if we are to diminish the return of widespread commercialized prostitution, promiscuity and the consequent hazards to national health and morale."

Watson B. Miller

Federal Security Administrator

"... The American Social Hygiene Association has rendered valuable assistance to the Army's venereal disease control program during the war. It is now evident that the postwar period will present problems in venereal disease control of increasing magnitude, and that the continued activity of the Association in arousing public interest and support is of vital importance."

Norman T. Kirk

Surgeon General, United States Army

"... Assistance of the American Social Hygiene Association during the war years was of great value to the Navy venereal disease control program. I strongly recommend full scale continuance of your activities."

James Forrestal

Secretary, United States Navy

"... For more than thirty years the American Social Hygiene Association has provided a vital link between public and official health agencies in the effort to control venereal disease. As in the postwar period of twenty-five years ago, the Association's work is urgently needed now, when we again face the possibility of a rise in venereal disease infections among the civilian population. . . ."

Thomas Parran

Surgeon General, United States Public Health Service

"... Speaking as one who has spent most of his life in the private welfare field, I would like to pay particular tribute to the selfless service rendered by the Association, and the vision shown. . . . The attitude throughout has been a concern for getting the job done. . . . As a result there is a reasonable chance that within the next few years organized prostitution and related vice will have largely disappeared from the American scene, and substantial progress will have been made in dealing with the broader problem of sex delinquency. . . ."

Thomas Devine

Director, Social Protection Division

LEGAL AND PROTECTIVE ACTIVITIES

The record of legislation alone indicates the size and importance of this Division's work.

Since 1940, twenty-four states passed thirty-six laws dealing with the control of venereal diseases.

Eleven states amended prostitution laws.

Since 1940 twelve states and Hawaii passed laws requiring examination of marriage license applicants and six others amended their laws on the subject.

Sixteen states and Hawaii passed new laws requiring prenatal examination for syphilis and two states passed amendments.

In 1945 alone, legislators indicated interest and concern in social hygiene by the passage of 31 social hygiene laws in 25 states.

Studies of Prostitution Conditions

In order that officials of Army, Navy, Public Health Service, the Social Protection Division and of state and local governments could have reliable information concerning the activities of prostitutes and their facilitators, the Association undertook to collect and distribute reliable information on this subject. These studies have been the means of initiating greatly increased repressive efforts in many communities.

Field Studies of Prostitution Conditions

	<i>Surveys</i>	<i>Cities Visited</i>	<i>Reports Distributed</i>
1941	424	364	6,360
1942	680	526	10,200
1943	697	580	11,150
1944	659	515	10,000
1945	532	388	9,100
<i>Total</i>	2,992	2,368	46,810

Prior to the creation of the Social Protection Division, the staff of the Association successfully promoted law enforcement activities in many cities close to Army and Navy posts and stations. After the Social Protection Division was set up, the Association loaned staff members to organize the division and to launch its activities.

Since many infections result from promiscuous exposure, the Association undertook a study of measures for prevention and alleviation of sex delinquency. Results of the survey were widely circulated and aroused much interest.

EDUCATIONAL ACTIVITIES

War required many boys and girls to become men and women almost over night. The need for information and guidance concerning sex caused the Association to assemble special consultative committees to assist in preparing and distributing suitable materials.

Assistance in establishing and expanding social hygiene education in the schools and colleges of the country was offered. The maintenance of high standards of sex conduct among youth, civilian and services alike remained a major objective throughout. Publications and consultative services from headquarters and field offices were extended.

Representatives met and worked with school officials, YMCA, YWCA, USO directors and the educational officers and Chaplains of the armed forces in promoting this work and numerous successful programs were inaugurated. During the past year the services of two of the country's most successful leaders in the educational field were added to the staff to give even greater impetus to this work.

PUBLIC INFORMATION AND EXTENSION

Millions of persons—in Army, Navy, in industry and other civilian groups received important health and welfare information from the Association. Since most were reached through organized educational programs, the following figures are an indication of the vast information program which was part of our war effort.

ASHA Material Distribution 1941-45

	<i>Pamphlets</i>	<i>Posters and Exhibits</i>	<i>Journal of Social Hygiene</i>	<i>Social Hygiene News</i>	<i>Films</i>
1941	1,341,243	.....	27,848	154,000	401
1942	1,512,286	14,451	19,627	148,218	644
1943	3,189,228	29,689	27,944	171,671	556
1944	1,764,966	203,463	29,436	221,633	464
1945	1,863,456	14,292	27,227	222,814	240
<i>Total . . .</i>	<i>9,671,179</i>	<i>261,895</i>	<i>132,082</i>	<i>918,336</i>	<i>2,305</i>

Distribution of Special Pamphlets and Leaflets 1941-1946

	<i>Number of Copies</i>
So Long Boys, Take Care of Yourselves—later revised as For Home and Country.....	1,500,000
Calling All Women.....	1,030,000
Questions and Answers About Syphilis and Gonorrhea.....	900,000
Vital to Victory.....	1,250,000
Boy Meets Girl in Wartime.....	294,572
A Tip from Your Pharmacist.....	990,000
Our Family Is Having Its Blood Tests.....	529,530
<i>Total</i>	<i>6,494,102</i>

Most of these and other informational materials were provided to War agencies without charge.

The information program has always been geared as closely as possible to current trends and needs. Thus during 1945 special emphasis was placed on demobilization—separation centers were provided with pamphlets and posters, including a special leaflet put into the hands of civilian girl and women employees leaving the War Department.

NATIONAL SOCIAL HYGIENE DAY

In February each year thousands of Social Hygiene Day conferences were held in every part of the country and its possessions. Through them the public was brought into a keener interest and greater participation in protection of working and fighting forces from infections.

The Association provided program suggestions, materials and speakers. Publicity resulting from these conferences and meetings—probably reaches more persons than any similar device. Purely educational and informative, the event is one of the outstanding public information programs of the country.

COMMUNITY SERVICE

There is clear evidence that agencies working in fields of health, welfare, law enforcement, education, character building and youth service recognize the social hygiene program as a solution for recognized problems. The list of cooperative national voluntary organizations increased greatly as the result of the special conferences held with national agency executives in Chicago, Washington and New York.

Sixty-three new social hygiene societies were organized and affiliated with the National Association between Pearl Harbor and the end of 1945.

In recognition of the importance of creating many more informed groups, the Association's "Team Plan" has been developed during the past year. A team of traveling speakers and field workers study community interests and needs and through meetings and conferences plan permanent social hygiene activity.

PHARMACY PROJECT

Since 1941 the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association has promoted participation of pharmacists throughout the country in the VD Control program.

Results of the work included studies of illegal and unethical practices in the treatment of syphilis and gonorrhea. In 1939 only about 8 per cent of drug stores visited refused diagnosis, treatment or the sale of remedies. In 1945 only 8 per cent offered to diagnose and treat and 70 per cent refused.

These practices have changed as the pharmacist became more and more interested in the public VD education program. Through the Joint Committee special pamphlets, display cards and trade journal articles were prepared and widely distributed.

During 1945, pharmacists in 20 states actively participated by displaying nearly 10,000 window and counter posters and hundreds of thousands of the leaflet, *A Tip from Your Pharmacist*. Distribution of this item alone has exceeded one million during the past few years.

INDUSTRIAL COOPERATION

The importance of full cooperation of labor and management was recognized early in the war. Effective control of venereal diseases and social protection were urgent necessities.

A demonstration was conducted in the Fort Greene area of Brooklyn. Under the auspices of an Industrial Health Committee, war workers were instructed by means of a health newspaper, posters, lectures and shop health committees. The project was sponsored by management, labor and health and welfare agencies from many fields. Later modifications of the plan are developing in Dayton, Peoria, New Orleans and Birmingham.

More than gratifying was the work conducted directly with management and trade unions. Special manuals were prepared suggesting a 3-point program for organization, education and action to help reduce venereal infections. More than 10,000 manuals were distributed and Association representatives assisted in establishing programs.

Articles were prepared and released to trade union employee and house-organ publications, with combined circulations exceeding three million. Popular leaflets by the hundreds of thousands, posters and films were supplied. Thus, social hygiene information reached millions of employed persons and their families during the war.

FIELD SERVICES

The promotion of the Association's total program was the task of Field Representatives. They aided the social hygiene work to protect the Armed Forces and industrial personnel. With Army and Navy medical officers, the field staff assisted in the development of the venereal disease education program for enlisted men, established liaisons between military and civilian authorities concerned with venereal disease control, served in some instances as consultants to the Commanding Generals of the Service Commands.

They visited all important posts and stations, and information concerning techniques, objectives, approaches, relationships and problems was exchanged. They organized many community programs which resulted in new social hygiene societies and committees, or strengthened old ones.

WASHINGTON LIAISON OFFICE

A full-time staff has been maintained in the National capital since 1940, for liaison with other national agencies having headquarters there. Aside from close cooperation with Army, Navy, Public Health Service and Social Protection Division as Federal agencies chiefly concerned with wartime social hygiene problems, and with other government agencies such as the Children's Bureau and the Women's Bureau of the Department of Labor; the Federal Bureau of Investigation, Department of Justice; the Office of Education, and others, of special significance is the cooperation maintained by this Office with the national voluntary agencies. Among these are:

Chamber of Commerce, U. S. of America; Council of State Governments, International Association of Police Chiefs, National Sheriffs' Association, General Federation of Women's Clubs, American Home Economics Association, American Association of University Women, National Council of Negro Women, National Catholic Welfare Conference, National Conference of Catholic Charities, National Grange, National Education Association, American Legion, the Council of Medical Service of the American Medical Association, and the Washington office of the American Library Association.

This office has also served as headquarters for the Association's Committee on Inter-American Cooperation, which has worked closely with the Office of Inter-American Affairs (particularly the Institute of Inter-American Affairs and the Inter-American Educational Foundation) and the Pan American Union's various divisions, the Pan American Sanitary Bureau, and Inter-American units of various federal and voluntary agencies.

OTHER PROJECTS

Interesting developments in Inter-American work grew out of special assignments undertaken by Association officers and representatives in Puerto Rico in 1941 and 1943. A highly successful Regional Conference in San Juan in February, 1944, was attended by ranking officials from the mainland and delegates from most of the Caribbean countries, resulting in increased interest throughout this area, and leading to the assignment of an Association staff member during 1944-45 to aid in education of the armed forces and to stimulate and coordinate civilian interest in venereal disease control and prostitution repression. In September 1945 relations were further cemented by a visit to Puerto Rico by an Association officer.

Other important projects during the war period included special programs to enlist interest and cooperation among Negro groups, the California demonstration, and assistance to special projects in Missouri, Massachusetts and Pittsburgh.

* * * * *

The war is over. The report reveals, however, that in almost every phase of the Association's program much more work remains to be done.

Social hygiene agencies, faced with a tremendously increased problem, have no choice but to increase their efforts in the days beyond victory. The record of the past is a proud one, our gains must be strengthened and consolidated in the peace.

ANNOUNCEMENTS

Last Month.—The *Honolulu Star-Union* took special note of Dr. Snow's *Salute to Hawaii!* in recognition of the Island's wiping out its prostitution district, and reprinted the high lights of the articles, *The Honolulu Myth*, by Dr. Samuel D. Allison, Hawaiian Board of Health, and *Fighting Sin in Paradise* by Ferris Lanne, Honolulu Council of Social Agencies, which described the community campaign. . . . Other important items in this JOURNAL number on *Social Protection at Home and Abroad* included the authentic story of Navy measures to provide *Social Protection for Servicemen in Japan* . . . and a birdseye view of steps being taken to meet *Social Protection Needs in Peacetime*. Please let us know your reprint needs promptly. . . . *The whole number 35 cents.*

This Month.—Dr. Parran's article, *The New Strategy against Venereal Disease*, is a stock-taking and a look forward which both cheers and challenges. . . . Dr. Stokes *Quo Vadis?* asks a searching question and answers it in the best possible way. . . . (*Preprints of this are 10 cents each.* Pub. A-618.) The pleasant international flavor of this *Thirty-third Anniversary Number* of the JOURNAL, with British and French friends participating in Social Hygiene Day observances, make it especially illustrative of the broad scope of social hygiene. . . . *35 cents for the whole issue.*

Next Month.—What did the war teach us of value to the future social hygiene program? In the April JOURNAL, Dr. Warren F. Draper, Deputy USPHS Surgeon General, speaks on *War-time Lessons in Venereal Disease Control*, most of them learned first-hand on the

European battle-front, where he served as a Major General. . . . Dr. Margaret D. Craighill, first woman officer to be commissioned in the U. S. Army Medical Corps, as Lieutenant Colonel Craighill, Consultant to the Surgeon General on Women's Health and Welfare, observed women as they served in every theatre of war, and tells of her conclusions in *A Psychological Approach to Social Hygiene for Women*. . . . Mary E. Switzer, Assistant to the Federal Security Administrator through the entire war period, reports on *War-time Lessons in United Action for Community Welfare*. (Preprinted as Pub. No. A-617, 10 cents.) In this number, too, Eleanor Shenehon's account of the February *Building Day in the Home Towns of America*, and Esther Emerson Sweeney's notes on *The USPHS-ASHA "Team Plan."* . . . Let us know promptly if you want extra copies of this number on *Lessons Learned in War-time* (*35 cents each*).

The May Number.—As a most impressive record, in recognition of the efforts of those who helped to make it possible, and for the information of all concerned, the May JOURNAL publishes the testimony presented at official Hearings before subcommittees of the House Committee on the Judiciary and the Senate Committee on Education and Labor during the month of March, on the identical Social Protection Bills, S. 1779 and H.R. 5234. The official text is made available for this purpose through the cooperation of the bills' sponsors, Congresswoman Frances Payne Bolton, Senators Claude Pepper, Walter F. George, Robert M. LaFollette and Robert A. Taft.

Journal of Social Hygiene

Lessons Learned in Wartime

CONTENTS

Editorials

The War Taught Us Some Old Truths.....	183
Dr. Rachelle S. Yarros.....	184
Wartime Lessons in Venereal Disease Control.....Warren F. Draper	185
Wartime Lessons in United Action for Community Welfare.....Mary E. Switzer	192
A Psychological Approach to Social Hygiene for Women.....Margaret D. Craighill	199
National Events.....	202
Summer Courses — 1946	211
News from the States and Communities:	
Building Day in the Hometowns of America.....Eleanor Shenehon	212
The USPHS-ASHA "Team Plan".....Esther Emerson Sweeney	216
News from Other Countries.....Jean B. Pinney	219
Notes on Industrial Cooperation.....Percy Shostac	222
Youth Notes: "Is Yours a Good Community" ?.....	225
Announcements	226

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Lessons Learned in Wartime

EDITORIALS

THE WAR TAUGHT US SOME OLD TRUTHS

At a session of the Social Hygiene Day Regional Conference in New York City on February 6 last the question was asked *What has the war taught us of use to the future of social hygiene?* and among those furnishing answers were the writers of the Draper-Switzer-Craighill trilogy of papers published in this issue of the JOURNAL. They speak from three important and interesting vantage-points. Dr. Draper, as a major general assigned to duty with the Army in the European Theater of Operations, got a closeup view of the whole range of problems with which social hygiene deals. Dr. Craighill, as a commissioned officer in the Army Medical Corps, and Consultant to the Surgeon General for Women's Health and Welfare, draws her conclusions from a tour of duty which encompassed visits to every theater of war where members of the Women's Army Corps were stationed. Miss Switzer, as the good right hand of the Federal Security Administrator since that office was created in 1937, has had a civilian activity view unexcelled in depth and perspective. All three, whether on the military or home front, in wartime or peace have been on the firing-line in active combat in behalf of health and welfare, for years past.

Because their wartime assignments and their experiences have differed so definitely, it is all the more significant that the views of these three veterans agree so closely. In their discussion of what the war has taught us, they all bring out, either directly or implicitly, these truths:

The first great need, in seeking to protect the people from venereal diseases and the hazards of sexual promiscuity, is to build for each individual, from childhood on, the kind of knowledge and character strength which will hold fast to high standards of sex conduct and withstand influences to the contrary.

Next is the need to provide surroundings and services which, so far as possible, will make right living easy, attractive and natural. This means clean communities, free from conditions which breed vice and disease, equipped with good services for those who need medical care and guidance toward positive health, with provision for pleasant and safe ways of spending leisure time.

Finally, the great over-all need is to work together, to make common cause in these matters, and reach for a high goal.

So, it appears in the last analysis, the war has not taught us much that we did not know before. Wartime experience has only reaffirmed once more the fundamental principles on which the long-range social hygiene program is based—has told us again some old truths. But these cannot be reiterated too often, and social hygiene workers everywhere will welcome the new voices which speak here with such clarity and emphasis.

DR. RACHELLE S. YARROS

All who knew Dr. Yarros were saddened to learn of her death, which occurred on March 17 at La Jolla, California, where she and her husband, Victor S. Yarros, had lived since leaving Chicago five years ago. The *San Diego Union* of March 19, speaking of her as "pioneer in social hygiene, physician, educator, lecturer, gives an interesting account of Dr. Yarros' career:

"Born in Russia, Dr. Yarros came to this country in the late 1880s. She received her medical degree from the Woman's Medical College in Philadelphia at the age of 24, and served her internship in the New England Hospital for Women and Children, in Massachusetts. Later, she took graduate work in pediatrics at the New York Infirmary for Women and Children and the Michael Reese Hospital in Chicago.

She established one of the first teaching clinics in Chicago and became associate professor of obstetrics at the University of Illinois, serving there for 20 years, and was appointed professor of social hygiene.

A resident of Hull House for 20 years and associate of Jane Addams, Dr. Yarros was the first chairman of Social Hygiene Committee of the General Federation of Women's Clubs.

As one of the pioneers of social hygiene she helped establish the American Social Hygiene Association and the Illinois Social Hygiene League; she served on the Committee of 15, the Juvenile Protective Association and similar bodies. She lectured for the

national Young Women's Christian Association, was consultant for the U. S. Public Health Service and the U. S. Interdepartmental Social Hygiene Board, and was an officer and worker in many other organizations.

Dr. Yarros established the first premarital and marital consultation service under the Social Hygiene League. She was author of the book, *Modern Women and Sex*.

She was a member of the American College of Surgeons, Institute of Medicine of Chicago, an honorary life member of the American Social Hygiene Association, and affiliated with other scientific and medical societies. With Mr. Yarros, an author and journalist, she made nine tours of Europe and other parts of the world, observing health and welfare conditions.

In San Diego, Dr. Yarros was chairman of the Russian Relief Committee of La Jolla, active in the League of Women Voters, and was affiliated with the local Mothers' Clinic and a vice-president of the San Diego Social Hygiene Association. She was 76 years old."

WARTIME LESSONS IN VENEREAL DISEASE CONTROL

WARREN F. DRAPER, M.D.

Deputy Surgeon General, U. S. Public Health Service

It is a great pleasure to address this regional meeting of the American Social Hygiene Association on the first National Social Hygiene Day since the end of the war. I am very happy to be once more among old friends, and to meet new friends, all of us concerned with the broad field of social hygiene.

The necessities of war taught many lessons in many spheres of activity. But the war has been over for half a year. It is legitimate to inquire now what the war has taught us that will be of value in planning for social hygiene, and more specifically, in venereal disease control.

Obviously, and fortunately, the American Social Hygiene Association recognizes the fact that venereal disease control is not merely a wartime problem, like air raid precautions, censorship, or gasoline rationing. That realization is evidenced by this year's Social Hygiene Day theme, *Beyond Victory*.

While I was on duty with the Army in the European Theater of Operations I had an opportunity to study some of the wartime lessons in venereal disease control, in both military and civilian populations. I learned much from first hand observation and from reports from medical officers engaged in venereal disease control work. One of the significant things impressed upon me during the war was that there are three categories of soldiers, insofar as venereal disease risks are concerned. The first of these categories is composed of men who under no circumstances are likely to expose themselves. Family or romantic ties, early home, school, or religious influences effectively safeguard these men from exposure. Among men of this group there is scarcely a venereal disease control problem. This group, however, by no means constitutes a majority of soldiers, any more than it represents a majority of the civilian population in the same age range.

A second category includes men who will expose themselves and contract venereal disease, regardless of every educational effort, availability of prophylaxis, or moral influences, so long as there are infected women in the area. That this group is not of negligible size is evidenced by the fact that venereal disease was acquired by some men in every branch of the Services, wherever they may have been stationed if they had access to infected women.

The third category is made up of a great intermediate class whose conduct, and whose venereal disease rate, will be influenced by

environment, opportunity, and such fluctuating influences as emotional adjustment and morale.

I believe that the same system of classification is applicable to the civilian, peacetime population, and to both men and women. We can apply the lessons we learned from the men in the war theaters to the men and women living in our peacetime home communities.

For example, early education, the influence of the church, the home, and the school can, in the future, help to reduce venereal disease by enlarging the proportion of the population which includes those whose conduct will protect them from venereal disease infection. The problems involved in these efforts are not easy of solution, and they are complicated. They are broader than the specific problem of venereal disease control.

Among the great intermediate group—those whose conduct is influenced by environment and circumstances—the spread of venereal disease can be materially reduced by later education, that provided by health agencies, physicians, industry, and all the media of public information. There is also some evidence that mental hygiene has a role in correcting some of the emotional maladjustments that lead to excessive, promiscuous sexual conduct and then to venereal disease infections. The activities of the intermediate group can be influenced further to reduce the spread of venereal disease by providing suitable recreational facilities to occupy their leisure time in a wholesome manner, and by physical fitness programs which will inculcate the desire for physical development and positive health.

I remember the towns in war-wrecked Europe, which Allied soldiers entered to find no motion picture theaters, no cafes, no soda fountains—absolutely no recreational facilities, and nothing to do except get into trouble. You may be sure that the venereal disease rates among the troops in towns like that were high.

In contrast, I remember the City of Brussels, Belgium. There, decent entertainment and wholesome associations were provided for British troops occupying the city. There was an enormous dance hall which could accommodate 1,200 couples at one time, to dance to the music provided by two big bands. There were six or eight hostesses, good music, tables at which soldiers could sit in the company of Belgian girls to eat sandwiches or drink beer, and pass the time much as they would in their own home communities. There were present girls of all social and economic groups, just as there were among the British troops boys and young men of all social and economic groups. Altogether there were about 5,000 of these Belgian girls, who spent several hours each week attending the dances, to provide wholesome, pleasant company for the soldiers. Every girl permitted to attend the dances was registered after her character had been carefully ascertained by local agencies. When the final reports of the incidence of venereal disease among troops in Brussels have been received, I have the hope to believe that they will be much

lower than among men in towns where no such wholesome facilities were provided.

These examples, from the European Theater of Operations, are not essentially different from examples that could be cited in the United States during the war. Uncountable thousands of potential infections have been prevented, and are being prevented, in communities where efforts are made to improve conditions which contribute to sex delinquency and the spread of venereal disease. Certainly much venereal disease has been prevented by the efforts of the Social Protection Division and the American Social Hygiene Association which have resulted in the repression of prostitution in approximately 700 communities throughout the country. Further contributions to the prevention of venereal disease have been made by the successful development of techniques in law enforcement and self policing by business interests such as owners and operators of hotels, rooming houses, and bars and taverns.

Every one of these activities, and others such as efforts to rehabilitate sex delinquents, are of value in reducing the spread of syphilis and gonorrhea. They all contribute to, and are aided by, the *Beyond Victory* Social Hygiene program which calls for better health, better homes, better communities, and the prevention of venereal disease, promiscuity and prostitution. Even if venereal disease were to be miraculously eliminated overnight these other Social Hygiene objectives would remain valid in their own right. I think that it is extremely important that we all recognize the non-identity of these other social hygiene objectives with the control of venereal disease. I think that it is equally as important that we recognize that venereal disease will never be eliminated if we indolently shift the task of its elimination to the shoulders of those who are working for social improvements.

If we disregard all the details, all the side issues, all the incidentals, I think we can say that the war taught us precisely nothing fundamental about venereal disease control that we did not know before the war. If we consider the significance of our wartime observations we get right back to two fundamentals which have been recognized for many years. The first of these fundamentals is this: so long as the organisms that cause syphilis and gonorrhea infect their hosts, venereal disease will spread to new victims. The second of these fundamentals is this: the only way to eliminate venereal disease is to find and treat every individual in whom infections exist.

"What about penicillin?", someone may ask, "Isn't that new?". In answer I say what has been said by many others—that penicillin is one of the great medical discoveries of our time, that its ability to cure gonorrhea and favorably influence the course of syphilis is of tremendous value in the fight against venereal disease. Its success simply reemphasizes the old basic principle that the spread of venereal disease can be prevented if the infectious cases are found and treated, and should spur us on to greater efforts to find and treat. The greatest weakness in our entire venereal disease

control system today is the slowness, the incompleteness, and the inadequacy of case finding. Even perfect therapy can make no real progress against venereal disease if each newly infected person has an opportunity to infect several others before he is discovered and brought to treatment.

All of us here know that millions of dollars and the combined efforts of the Army, the Navy, health departments, social welfare agencies, law enforcement, and many other groups, official and voluntary, throughout the war succeeded only in preventing disastrous increases in the incidence of syphilis and gonorrhea among both Armed Forces personnel and the civilian population. Almost every resource of education, prophylaxis, law enforcement, and moral persuasion was called upon. We barely held our own; or did we hold our own? If the apparent increase in gonorrhea among both civilian and military populations is real we may even have lost some ground. Fortunately the picture is brighter with respect to syphilis and its complications. Fortunately the incidence of syphilis, as nearly as we can tell, did not rise among civilians in the United States during the war. Fortunately, the number of infants born with syphilis has declined, and the number of infant deaths caused by syphilis has decreased, as has the death rate caused by paresis. By use of the word "fortunately" I do not mean to imply that these very welcome gains were made by mere chance—on the contrary they represent returns on our enormous investment of many years, planning, working, and pushing ahead despite interruption by a war which greatly reduced the gains we otherwise might have realized. It is too early to evaluate the full magnitude of the effect of the war on our venereal disease status. European countries cannot report even the small but real gains we have made against syphilis. The situation in Europe is tragic; epidemiologic data reported by UNRRA indicate that pre-war gains in Europe have been wiped out completely. In the Scandinavian countries, in Germany, Belgium, France, and Italy, the incidence of syphilis has variously doubled, tripled, and quadrupled, since the war began. It is impossible to predict what effect this disaster will have on our own venereal disease rates in the next few years. Some indication is given by the trend of venereal disease reported by the Army in various theaters—which indicates substantial increases in the United States, Europe; and the Pacific.

But let us return to the war period itself. Despite the untiring, capable work of the many groups who strove to prevent venereal disease during the war, there were hundreds of thousands of new infections each year. Millions of priceless hours in industry were sacrificed to venereal disease; millions of hours of effective strength were lost by the land, sea, and air forces because of syphilis and gonorrhea. The wartime incidence of venereal disease was the price we paid for the cases we were unable to find, and hence could not treat, long before the war began, for no case of venereal disease can exist where none existed before. Just as surely, tomorrow's

incidence of venereal disease is the price we will pay for the cases we do not find and treat today.

At this point, I should like to discuss briefly a new question that has arisen in the minds of some since the virtually certain cure of gonorrhea with penicillin has been achieved, and since the more rapid methods of treating syphilis have been developed. I have seen in print, and I have heard oral expressions of, a fear that more effective treatment is causing, or may cause, an attitude of carelessness and light-heartedness with respect to the dangers of becoming infected. It is very important that we consider this point of view, its implications, and its logical conclusions. First of all, it has been found that the number of venereal disease "repeaters" apparently has increased. By "repeaters" I mean patients who have been cured of gonorrhea or treated for syphilis and return thereafter with a new infection. Let us consider a pre-penicillin case of gonorrhea. The patient is a woman. If she is being treated by the old local therapy her treatment may extend over many weeks, or she may become asymptomatic, but remain infected and infectious. So long as she has her original infection she is unlikely to be classified as a reinfection, even though she may have been exposed several times to infected men. But if she is cured by a one-day course of penicillin therapy, she may, obviously, as a result of the same number of new exposures, become reinfected. The numerical data give the false impression that the rate of exposure and of infection is increasing. Completely overlooked is the fact that if an infected patient is cured in one day that individual cannot spread the infection until he or she becomes reinfected, whereas the same individual, if infected once, and not cured promptly, can infect a great many persons but be counted as only one case. The same considerations apply to syphilis. Obviously a person cured of syphilis by rapid, intensive therapy can become reinfected if exposed, in contrast to a patient who could not, by the very nature of syphilis, become reinfected regardless of the number of exposures, under a prolonged course of therapy.

The doubt on the part of those who are concerned about the possibility that effective treatment may remove inhibitions against exposure to venereal disease is based on the assumption that fear of infection in the past has served as an effective brake. Considering the wide prevalence of syphilis and gonorrhea before the new treatment methods were introduced, the effectiveness of fear as a preventive of venereal disease is questionable.

Carrying to their ultimate conclusion the implications of the idea that effective treatment encourages the spread of venereal diseases, do we not arrive at the amazing position that in order to prevent venereal disease we should stop treating it, or search for treatment methods of only partial effectiveness?

This is a fantastic idea, but since we are in the realm of fantasy, I should like to explore with you some more fantastic ideas that have been toyed with by a number of men and women who have

devoted professional lifetimes to the treadmill task of controlling venereal disease. The first of these, I am sure, has occurred to almost every one of you present here today. That is the idea of the universal blood test which would reveal and bring to treatment every existing case of seropositive syphilis. This has gained a status of reasonableness in recent years because the mass blood-testing of Selective Service registrants proved to be the greatest syphilis case-finding mechanism ever devised. Everyone concerned with venereal disease control is looking for something to take its place. Several cities have conducted mass blood-testing programs, and their experience has demonstrated that mass blood-testing costs far less, per case found, than routine case-finding methods.

There is, however, one flaw in the universal mass blood-testing idea. Even if it were possible to blood test every person in the country on the same day the program would fail to wipe out syphilis entirely, because it would fail to reveal the highly infectious, seronegative, incubation and primary stage cases. Something better must be found.

Many persons working earnestly, sincerely, tenaciously in venereal disease control visualize the day when prostitution will be as completely repressed as is possible, when the entire educable public is fully informed of the dangers of syphilis and as to how venereal disease can be avoided, when case-finding through contact investigation has reached its maximum practical effectiveness, when all those who can be reached by the church, the home, and the school have become as well adjusted as would be possible in this imperfect world, and when 100 per cent effective treatment methods have been developed. They visualize the day when the law of diminishing returns has flattened the curve of progress against venereal disease. When this time arrives they foresee syphilis and gonorrhea reduced to what has been so well described as the "desirable manageable minimum."

Almost every physician, every epidemiologist, every educator, every social worker, every law enforcement official, is fully aware that when this time arrives we shall have far less venereal disease than we have now, but we still will have *some* venereal disease—just enough so that when some new social or economic upheaval occurs there will begin that doubling, tripling, quadrupling which occurred in the Scandinavian countries during this war, even though syphilis had been reduced to a manageable minimum there before the war.

When this time comes the people may decide that *venereal disease must go*—that a minimum is too much. About the same time, perhaps, various other diseases will have been reduced to a minimum, and the law of diminishing returns will have asserted itself. Everyone then will realize that so long as there exists *one single case* of a disease which is spread from person to person, real victory has not been won. By that time new drugs may have been discovered, penicillin at least will have been synthesized, and efficient means for administering it orally will have been found. And now, let us

have a little fun a la Orson Welles. One day, perhaps, a vast nationwide program will be announced in every newspaper, over every radio, "A year from today," the announcements may say, "every man, woman and child in the United States will begin a 14-day course of oral penicillin therapy, during which a total of 5 million units of penicillin will be administered under the direction of the Nation's physicians."

What would happen to disease if such a program were effected, if the people were to be motivated by the same patriotic purposes which made possible the Selective Service registration and rationing during the war? If a year of education, preparation, and persuasion were to culminate in this fantastic program? Is it possible that an entire flank of diseases caused by organisms susceptible to penicillin would be virtually wiped out? These diseases would include many types of sinusitis, Vincent's angina, many upper respiratory infections—perhaps even syphilis and gonorrhea.

If this program were successful, perhaps a year or two later another chemotherapeutic agent might be ready, one which would wipe out another entire series of diseases not susceptible to penicillin. No one knows what other diseases might ultimately be banished. I have presented this to you as a fantastic idea, and indeed it is fantastic—today. I do not propose that we undertake it next month or even next year.

I hope that no one will interpret the idea as either an argument for or against any system of medical care or as an official plan of the U. S. Public Health Service. Scientifically, we are not ready for it. Many problems remain to be solved. For example, we know that penicillin by itself will not render permanently non-infectious every case of syphilis for, out of every hundred cases treated with penicillin, there are some treatment failures. Furthermore, even if we succeeded in eliminating the last case of infectious syphilis in the United States, there still would remain the problem of preventing the diseases from being brought in from abroad. These are typical of the problems that remain to be worked out before we enter any royal road to venereal disease control.

So, as I have said, the entire idea is fantastic as of today. But ten years ago the idea of putting vitamins and minerals into our daily bread was fantastic. Longer ago than that vaccination was fantastic, but how many persons do you know today who have not been vaccinated? The idea of adding fluorine to the drinking water of an entire population to prevent dental caries was fantastic until very recently, but it is being experimented with today.

I believe that it will be necessary for us to grow accustomed to fantastic ideas in coming months and years because almost any grade-school youngster today can explain in a general way the principle of bouncing high frequency waves off the moon, even though only a handful of scientists had given it any thought as recently as 1945.

WARTIME LESSONS IN UNITED ACTION FOR COMMUNITY WELFARE

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Social Hygiene Day has special significance for all of us working in the field of health and welfare. It's a day of recollection—full of sentiment coupled with satisfaction drawn from splendid achievement. Most of us who now have administrative responsibility for work in this field, whether it be in a public or private agency, have helped agitate and fight for today's social hygiene program. Our memories go back to the time when working for this cause stamped one as "queer"—like working for woman suffrage before the Civil War.

My own memory does not go back as far as some, but far enough to see clearly that the basic structure of what we have today in VD control, from the health point of view at least, is the result of a battle won not much more than a decade ago. I remember especially a gala luncheon held in the Mayflower Hotel in Washington in the thirties when we celebrated the passage of the VD Control Act. Like the present occasion, it was an Annual Meeting of the American Social Hygiene Association. The atmosphere was colorful and full of the electrifying quality that accompanies the victorious finish of a good fight. We were exhilarated and almost surprised at what our tremendous joint effort had produced—that, in the field of health, now, at last, we could go as far as we had the wisdom and the skill. Yet probably no one at that luncheon realized that the moment of victory we were there celebrating had come barely in time to build a program which would be a major factor in the military victory soon to challenge us.

The interval between these two events has brought us through war on an unimagined scale. The very magnitude of wartime achievements makes it easy to take for granted what has been achieved, and to be critical of shortcomings in meeting almost insurmountable problems. In this field, for example, newcomers have not always been aware of the deep sinews of resistance dominating many community efforts to win the health and decency that seem to us so obviously right.

The great lesson of the war, of course, is the lesson of consolidated effort—the lesson that concentrating on a limited objective with all our might achieves that objective faster than if we dissipate our energies in many directions. This lesson was learned by us long ago and the war only served to underline it.

The Federal Security Agency—itself created to facilitate combined effort—was only a few months old when the war in Europe started. The various members of its family—health, education, security—never had time to get acquainted in a normal peacetime atmosphere. Left

over from depression days we still had two great relief agencies—the Civilian Conservation Corps and the National Youth Administration. The Federal Security Agency was less than two years old when it had to convert, first to national defense, and then to all-out war.

One step in this process was the creation of what was then the Office of Defense Health and Welfare Services with its Recreation and Social Protection Divisions. By Executive Order, at the very beginning of our preparation for national defense, this task—of developing combined operations for assistance in maintaining community services—was placed in the hands of the Federal Security Administrator. Under this authority, the Federal Security Agency helped to marshal all available resources in behalf of hard-pressed communities throughout the country. It is significant, I think, that, in a Federal agency where almost every unit had a program built on grants to States, our most urgent need was the organization of communities to meet the various crises brought about by military mobilization.

Health, education and welfare services in one community after another were immediately burdened beyond their capacity. To meet the emergencies confronting them, they turned to us in the Federal Government for help. We like to think that the nucleus of broad-scale cooperation which the Agency's Office of Community War Services provided, helped war-burdened communities weather the storm.

During the war years in the Federal Security Agency—first under Mr. McNutt's leadership, then under Watson Miller's—various personalities lent their leadership and support to this effort. Charles Taft and Mark McCloskey forged the first links in the chain of wartime cooperation between Washington and towns and cities throughout America. Together we accomplished many things—among other achievements, we attained a kind of teamwork which would perhaps have amazed us if we had had time for surprise. Now, as we begin to look back, this experience demonstrates, I think, both the need and the practicability of joining forces on a broader and more permanent front in order to meet State and community demands.

In this fast-moving wartime picture, the emphasis changed from year to year. In social protection especially, the situation today is so little like that with which we started as to make the present program seem almost like a fresh start. Remembering back to the early war days when Dr. Snow agitated for the enforcement of the May Act and all of us were anxious lest the half dozen really critical sore spots result in a national scandal, we can take real satisfaction in this meeting today, as we examine the program and find that we are looking forward to working together for community services in many areas remote from that initial interest.

There are significant lessons for the future in the way we developed our Federal organization to work with communities throughout the country, both in the recreation and social protection fields. I mention these two programs together because we always think of them as

parts of a whole—each supplementing the other, to help our communities meet their war needs. Perhaps the single most important gain from our war experience is knowledge of how to work more effectively with non-governmental organizations like the scores represented here today. This kind of cooperation will be of increasing importance in the years ahead. When the country as a whole was mobilized for war, it was relatively easy to secure the dedicated service of many people who were willing to work, not only in Washington but throughout the land. In so doing they felt themselves a real part of the war machine. We in the Government, in turn, found that reliance on our civilian advisors was a source of strength. It brought wider support and understanding without which it would have been impossible to accomplish all that we actually were able to do. At the same time these associations provided a much needed outside critical scrutiny which constantly helped keep us aware of our obligations.

The most important single factor in stimulating a community to appreciate the need for services to meet the various requirements of our armed forces was, of course, the very presence of the military organization itself. It was always easier to achieve community consciousness of the urgency in its need to improve its health department, or to suppress houses of prostitution, if the military commander of the district was firm in his conviction that such action was necessary for the welfare of his troops. In such circumstances no American community wanted to face the responsibility for failing to act. A great deal was accomplished because of this military interest—a great deal which never would have come to pass without it. Let us be honest on that point. Let us recognize, too, that it took not only the aggressive participation of the military commander and the public agencies, but the will of the community organized behind these leaders to maintain continuous and effective action on all fronts.

At first, you will remember, we concentrated in both recreation and social protection in communities immediately adjacent to our largest military camps. Many sore spots which had persisted for years were cleaned up as the teeming crowds made them even more notorious. It is a significant fact that there is always a group in any community willing to take unscrupulous advantage of anything that can be exploited. One would think that young men in uniform and the young girls coming in and out of town to see them would challenge almost every one to provide adequate facilities for living and for play. But we know from our work during the war, that there were still some who turned the shoulder of indifference, and others to whom the atmosphere created by this tremendous fluidity of population seemed a "natural" for the native American vice known as racketeering.

But there were many others who, perhaps for the first time in their lives, really looked at this problem in their own home towns and set out to do something about it. The war taught us the prime importance of venereal disease control as such. Thanks to that

earlier victory which we were recalling a few minutes ago, the Public Health Service was well organized to cooperate with the Army and Navy. The medical professions were mobilized behind the objective of keeping the venereal disease rate down. Communities were ashamed to be the source of sharp rises in the venereal disease rate among military personnel. There was no problem in securing public recognition for the need of an adequate health program. Dramatic discoveries in the medical field—the effectiveness of the sulfa drugs and penicillin—held community interest at a high point. Intensive educational work was done in all of our armed services and still the venereal disease rate remained high. There was no escaping the fact that prostitution was one of the most important sources of infection, that it had to be controlled if the rate was to be controlled. The concerted campaigns on recognized commercial houses were effective—perhaps not actually as effective as it seemed to us in Washington; but nevertheless the record of law enforcement agencies is phenomenal when rated against peacetime conditions.

Toward the middle of the war, the great battles against organized houses of prostitution had been largely won. But still the problem of venereal disease infection seemed no less, and the Social Protection Division found itself concerned with unorganized promiscuity. To cope with this problem meant that almost every interest in our national life had to be called into action. It made “closing houses” seem simple by comparison. The methods used and the groups consulted included organized hotel and tavern keepers, taxi-drivers, soft drink manufacturers, dance hall and movie proprietors, as well as police and law enforcement officials, women’s organizations, church groups, and the like. It is a fascinating saga in cooperative effort.

Gradually there was borne in upon us the realization that important social questions remained unanswered in spite of all our efforts. We became acutely conscious of the lack of social machinery to cope with the problem of promiscuity among the many thousands of young girls who left home to find war jobs in munitions and airplane plants—and in taverns and juke joints. Very few of our communities were equipped to deal with such problems or to meet the needs of young people on the large scale which wartime hazards made imperative. During a decade and more before the war, welfare agencies had properly concentrated their energies on improving the quality of service. Now they were called on to adapt this intensive, individualized approach to the realities of a generation uprooted almost en masse. The machinery of peacetime service, which had been built up slowly and sometimes painfully, had to be revolutionized without sacrificing hard-won professional standards. The exigencies of wartime migration, and in particular the problems of young people caught up in the whirlpool of questionable boomtown “night-life,” were different, in quantity and in tempo, if not in fundamental human drive. To meet these problems meant starting once more almost from scratch, retooling established techniques, revising accepted patterns. Social workers discovered that, like doctors, nurses, and police officers, they belong to a round-the-clock profes-

sion. Social protection, they found, cannot operate on an eight-hour day. Social rehabilitation cannot always wait for the slower refinements of the casework process, much as we value them. If necessity dictates, it can, for example, telescope and speed up its procedures to seize the brief but often priceless opportunity offered by the rapid treatment center.

But social workers—and doctors, nurses, and police officers—are not the only ones who through this experience have got a new slant on their jobs. More than one public official has found himself feeling “cabinéd and confined” in what might once have seemed the comfortable ivory tower of so-called government bureaucracy.

We in the Federal Security Agency believe that one of the great lessons of this war experience is the need for a fundamental change in community attitudes toward young people. We feel that the necessity for keeping our present efforts alive is matched by a more urgent necessity—a necessity to bring more intelligence, more imagination, and more daring to the whole problem of education and community recreation for our young people. Almost every speaker on the program today will emphasize that the elimination of venereal disease as a community health menace is a foreseeable goal. But even if we reach *this* goal, the problem which is basic to this whole conference still remains. As long as the quality of life in our communities gives rise to conditions of which the incidence of venereal disease is only one manifestation, our most baffling and challenging postwar problem remains unsolved.

To what extent the Federal Government as such can or should participate in the many lines of attack upon this problem is problematical. We do believe that the Social Protection Division, through its field work, has made a creditable contribution in helping community organization. In wartime, at least, it has been easier to get people together under Federal auspices, since most of the policies, under which we lived, were national in scope.

There is no question that the war against prostitution as such must go on. The enemy whom we fought and conquered on a world scale represents the same evil forces which, in a smaller way, result in prostitution—namely, the irresponsible desire to exploit, and the conviction that one man has a special privilege to live like a vulture on the weaknesses of his neighbor.

It is not unreasonable to speculate on how we can continue the strong programs we have forged together to combat these forces. We in the Federal Security Agency do not wish to evade this responsibility. Looking back we realize the forces of public opinion that have been mobilized through the various advisory committees meeting with us from time to time. We have worked not only with professional groups, but also with organized business and with law enforcement officers who would not come within the purview of our other responsibilities. We have developed close friendship among earnest students in these various groups. We have come to rely on them for counsel and for encouragement as we have seen some of our

efforts lie very fallow in long perspective. We have turned to them particularly for interpretation to their public so that our ultimate aims and objectives would be understood. We have counted upon representatives of the various church organizations, for example, to make it clear to their membership that though Government is of itself impersonal and nonsectarian, those of us who work in it are deeply concerned with what we might call the spiritual aspects of our job. We have concern for all of the phases of our American life—a concern that is deeply ingrained by the battle just now won. We are anxious to know how best to perform our public functions, cold and bureaucratic though they must seem at times, so that they reflect at least some of the warmth and charity of purpose which we have in our hearts.

We think there are three or four major areas of mutual concern which should be followed through for the future. Interestingly enough, I find that most of these will be discussed in one form or another this afternoon.

First, we know that we can go forward to new horizons in the field of health. We know that our scientists are working feverishly to find short-cuts to eliminating venereal disease as a national health problem. We know we have the machinery to do this. We are working for a broader and more all-inclusive health service for our people. We are particularly concerned in the immediate future for the development of an adequate mental health program and with an adequate school health program. Here, if we do an effective job, we may eliminate some of the problems which have confronted us in these past years. A healthy and well-adjusted human being will not be such easy prey to the conditions which foster prostitution and promiscuity.

Second, we must look at our schools. Every town in America should reevaluate the school in its community relationship to see whether it meets the needs of the children who must attend it. Some of you may have heard General Chisholm, Deputy Minister of National Health for Canada, speak on this subject last fall. What he said has often haunted me since:

"The most important thing in the world today is the bringing up of children. It is not a job for economic or emotional misfits, for frightened, inferiority-ridden men and women seeking a safe, respectable and quickly attainable social and emotional status, nor for girls filling in their time before marriage. Fortunately there are recent signs of intellectual stirrings amongst teachers which give some hope. To be allowed to teach children should be the sign of the final approval of society. The present scale of values is clearly illustrated by the disparity between teachers' salaries and those of movie actresses or football coaches."

Third, we have the whole range of adult education—educating our communities our fathers and mothers, to know how to deal with our young people. One would hope that the fight for free discussion and intelligent spreading of knowledge on this subject had been won. But many evidences of resistance to frank discussion and

honest teaching still exist. This resistance must be broken down. It is one of the unfinished jobs which this Association must pursue.

Let people know all there is to know about what makes up life for them. Let everyone, but especially our young people, know about sex and venereal disease. See that they know the meaning and value of the sex experience for wholesome effective living. Let them learn that sex is a magnificent and sacred force in the life of every individual, and that the stability and permanence of our home as the basic social unit depend at least as much on this as on any other factor. Teach them that the greatest satisfaction and highest achievements are attained when the sex drive is expressed in the husband-wife relationship. Let all citizens know the evils of prostitution and the social, moral and health hazards of promiscuity. Make sure they understand what kind of health department their town needs, how their police agencies should be conducted, what social agencies should be doing as part of the community service team. Intersperse with all this, the knowledge that economic security is also a major factor. Stress the community action necessary for recreation for all ages—playgrounds for children, baseball fields and athletic facilities for young people, forest and lake campsites and trails—all sorts and varieties of leisure-time activities for all of us to have fun together.

Communities with resources to do all these things have a great strength. But in all these various and varied community needs, where does a Federal agency fit in? I believe the task is big enough and varied enough to enlist the help of all levels of government. Above everything else the war taught us the meaning of "combined operations," of working and living and striving together.

Fortunately we had some experience for the all-out cooperation which the war demanded. The old stand-bys through whom we had learned to work in ordinary days were our mainstay during war days. But that we would have expected. What is more significant is that thousands—no millions—of men and women interested themselves in community work of all kinds. This new army of volunteers in fact actually sustained many of our most cherished services—in hospitals, in health work of all kinds, in USO clubs, in child care centers and in the whole range of community services.

We may expect sustained interest where we have had it before; and we must capitalize on the released interest and energy of those whom the war awakened. The social hygiene program is specialized, and yet no phase of it stands alone. At various times we have concentrated on isolated parts of it—notably on health and on the suppression of prostitution. But a review of the whole convinces that, of all our community interests, the goal of the true social hygiene effort calls for *every* community interest—the home, the church, the school, health, welfare, recreation and law enforcement. The atmosphere that makes for a whole, well-balanced citizen is essential to our total social hygiene program. We cannot let go of each other. We must not stop crusading.

A PSYCHOLOGICAL APPROACH TO SOCIAL HYGIENE FOR WOMEN

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The Army program has been the greatest experiment in social hygiene that the world has ever known. This audience is probably more familiar with the details as they relate to men, than to women. The two programs were based fundamentally on education but differed somewhat in technique. With men, one of the main features was prophylaxis. With women, this was not taught or provided. The emphasis with them was entirely on health education in the broad sense, with sex education as merely one topic. My talk this morning is largely from the viewpoint of the women—their problems, how they faced them, and what we have learned from their attitudes which may be useful in the future.

As a matter of fact, the problems in the field of social hygiene as related to military women have not been difficult. The incidence of venereal diseases, of abortions and illegitimate pregnancies was very small, both in this country and overseas.

Pregnancies among married women did increase greatly as the war lengthened. This was anticipated and predicted. It was the experience in all nations, and was a normal and natural trend. The factors of boredom with Army life after several years, and a desire to start families before the women became too old were the motivating causes.

If we are to learn any lessons from the war, we should examine not only the results, such as I have mentioned, but the psychology back of these results, and try to use this knowledge in facing these problems in the future.

In addition to the war hysteria influencing civilians, there were a number of powerful factors operating in military life, both in this country and overseas, which were different. Some of these were in favor of adherence to the usual standards of sex relationships, others were against them.

The attitudes of the individual and the group on sex were important deterring factors.

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The individual had a questioning attitude on the whole philosophy. Why had customs and inhibitions developed as they had? What were the causes? There was a desire for knowledge, for really basic information—for sex education biologically and psychologically. This resulted in a realistic point of view. The situation was faced and evaluated on a more rationalistic and less moralistic basis. There was an understanding tolerance for individual rights, but loose sex relationships were not condoned. They were considered stupid—not smart—a worse stigma than immorality, in a group of clear thinking individuals.

This was translated into group disapproval, which was the strongest deterring factor. Group approval is much more necessary to an individual living the community life of the Army, than to individuals in the more isolated lives of civilians. And there is less opportunity to hide one's behavior from the group in the Army, because of intimate associations of living conditions. Therefore, one is more apt to conform to group ideals. This, I think, has not been realized fully. It is all too easy to talk about loose morals of women in the Army, when as a matter of fact, the opposite is the rule. I saw this group disapproval operating repeatedly, and had tangible evidence of it in companies in which new girls sometimes went "off the beam" and were called down by their companions because they were bringing discredit to the others.

Balanced against this individual and group disapproval were a number of conditions, particularly overseas. First of these was lonesomeness. The acuteness of this is hard for anyone to realize who has not seen it. You are all familiar with the homesickness of boys and girls away at school, but that is like a bad cold compared to pneumonia in relation to these two conditions. These people, both men and women, overseas were terrifically lonesome. They felt alone, isolated from real life. They lost a sense of continuity with their past or with their future. They became depressed and wanted sympathetic companionship. There was the emotional frustration of separation from family and familiar surroundings, and a great uncertainty about the future.

There were inadequate normal recreational facilities, with nothing to do during long periods of waiting. In addition, there was the social pressure on women because of their scarcity. Men, frequently long separated from any women, and always outnumbering them, competed for their attentions. They would advertise the attractions of their company parties with posters or by loud speakers, and sometimes describe the merits of themselves on bulletin boards. This popularity now and then made the girls lose their perspective, but usually they settled down after a few weeks and did not wish to go out too frequently to the constant social functions that were offered them. They became quite selective, but sometimes too dependent on one individual. Friendships matured rapidly under these stresses, and the heartaches were real when troop movements caused separations. Unfortunately, the girls were often more deeply involved

emotionally than were the men so that the former suffered more psychological trauma.

Now what of all this can be useful to us in the future? It seems to me that two approaches are necessary: First, increased education; and second, development of a sound philosophy.

On the educational side, there is need for better fundamental biological training beginning at an early age. It is very difficult to give technical information without this essential background. The next step is sex education including anatomy, physiology, psychology, mental hygiene and pathology. Emphasis in the past has been too much on pathology and too little on psychology.

The second approach should be the building of a philosophy based on positive rather than negative attitudes. Its foundation is the removal of fear and social stigma, and the substitution of understanding and reason. This can be accomplished primarily in three ways:

First by accurate information made commonplace. Substitute this for unwholesome curiosity and experimentation.

Secondly, by a knowledge of the fundamental and historical causes of sex restrictions. Trace the development of the family unit, the necessity for the child's sake of responsibility for paternity, the desirability of security for women, especially older ones, and the economic factors.

And *thirdly*, by a realistic point of view. Recognize the strength of the basic, fundamental sex urge. Recognize the double standard as being the product of a different psychology in men and in women based on a dissimilar concept of values—the man believing that sexual continence is not the most important factor in marital fidelity, and the women emphasizing sexual continence as the one standard of marital loyalty. The masculine point of view is derived largely from physiological processes, and the woman's is based on fear.

And lastly, this philosophy must have sound emotional attitudes. There must be tolerance so as not to overemphasize the importance of sex as a gauge of social standards. There must be emphasis on individual responsibility for social order in a democracy, with standards of sex as only one of these obligations. There must be the goal of ultimate happiness rather than immediate gratification. In other words, the achievement of maturity.

Social hygiene, therefore, must have as its aim the guidance of a strong emotion into constructive channels through enlightened education and by reevaluation of our responsibilities, rather than by utilizing the old motivations of fear and prejudice.

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

Passage of Social Protection Bills Is Urged at Hearings.—During the month of March important and interesting testimony was presented by a large number of witnesses concerning the need for adoption of Federal legislation to continue social protection services to the States and communities. On March 9, before Senator Claude Pepper's Subcommittee on Health and Education—a subcommittee of the Senate Committee on Education and Labor—a group of 30 persons, representing a wide range of social hygiene experience and interest, urged the passage of S. 1779, the bill sponsored jointly by Senator Pepper, Senator Walter F. George, Senator Robert M. LaFollette and Senator Robert A. Taft. On March 18, a similarly important and urgent group of about the same number of persons testified before Congressman Francis E. Walter's subcommittee of the House Committee on the judiciary in behalf of Congresswoman Frances Payne Bolton's identical bill introduced in the House, as H.R. 5234 at the same time as S. 1779 in the Senate.

Through the courtesy of the sponsors of these bills, the JOURNAL has been able to secure the official reports of these interesting occasions for publication in the May issue. Aside from their service in behalf of this necessary legislation, the testimony provides a birds-eye view of the history and scope of social protection activities which will be valuable for current and future reference.

National Advisory Committees Meet in Washington.—Spring meetings of the National Advisory Committee on Venereal Diseases and Social Protection, and of the National Women's Advisory Committee on Social Protection were held in Washington on March 17 and 18, with a full attendance.

A chief discussion topic at both meetings was progress of the Federal legislation now before Congress to continue social protection services to the states and communities.

At the meeting of the Women's Committee, an all-day session on Sunday, March 17, with Mrs. Horace B. Ritchie, chairman, presiding, reports were given on the hearing held on March 9, on S. 1779, when Dr. Helen Gladys Kain and Miss Jean B. Pinney testified on behalf of the Committee in favor of the bill's passage, with other Committee members in attendance, including Mrs. Theodore Wedel, United Council of Church Women; Dr. Dorothy Boulding Ferebee, National Council of Negro Women; Mrs. Harvey Wiley, General Federation of Women's Clubs, and Mrs. Stanley Cook, National Congress of Parents and Teachers. The group were also addressed by Congresswoman Frances Payne Bolton, sponsor of the identical

House bill (H.R. 5234). Committee Secretary Mrs. Althea G. O'Hanlon arranged mid-day luncheon groups for various members, and also supplied an interesting exhibit of literature and materials.

The National Advisory Committee on Venereal Diseases and Social Protection, with Chairman Charles P. Taft presiding, met early on March 18 for a brief executive session, adjourning later in the morning to permit the members to attend a hearing on Mrs. Bolton's bill, H.R. 5234.

Social Protection Director Thomas Devine and Federal Security Administrator Watson B. Miller met with both Committees.

Army and Navy Issue New Orders Regarding Prevention of Venereal Diseases and Repression of Prostitution.—Supplementing notes published in the February JOURNAL OF SOCIAL HYGIENE regarding recent Army and Navy action on these problems, we print below two recent directives:

NAVY DEPARTMENT

46—PREVENTION AND CONTROL OF VENEREAL DISEASE

Pers-5201-DF, P3-I, 5 March 1946

ACTION: ALL SHIPS AND STATIONS

1. During the period of the war the Navy cooperated with community agencies and citizens' groups throughout the country in the study of venereal diseases and methods of prevention and control. The Congress recognized the damaging influence to military personnel by enactment of the May Act. Today the movement toward education and prevention of these diseases is increasing in force.

2. It is no less important now that the war is over for military personnel and the general public to remain aware of the dangers of venereal diseases in peacetime society. I am fully in accord with the efforts being made by a large number of agencies to educate our citizens in the control and prevention of venereal diseases and it is my desire that wherever possible naval personnel continue to cooperate with social, religious, and welfare agencies in their efforts to further a broad social-hygiene program which supports high moral standards and promotes the prevention of venereal diseases.

3. Naval commands have already received special information concerning this program of cooperation with local agencies and commanding officers of such units are aware of efforts being made in those communities in which shore-patrol units are stationed. The naval commands will cooperate with local authorities.

4. With view to further progress of the program to control venereal disease, it is directed that commanding officers determine that all naval personnel within their commands are fully indoctrinated in the methods of prevention of disease.

—OpNav. C. W. NIMITZ

ARMY REGULATIONS }
No. 600-900 }

War Department
Washington 25, D. C., 5 April 1946

REPRESSION OF PROSTITUTION

	Paragraph
General	1
Policy	2
Enforcement	3

1. *General.*—The purpose of these regulations is to provide for the uniform application of measures to repress prostitution in order to reduce venereal exposures and the incidence of venereal diseases. It has been repeatedly demonstrated that the toleration of organized prostitution is a completely ineffective method of controlling venereal diseases, and that on the contrary prostitution contributes to a materially higher incidence of these diseases. Furthermore, the toleration of prostitution is medically unsound, socially objectionable, potentially destructive to morale, and is distinctly contrary to the desires and wishes of the citizens of the United States.

2. *Policy.*—The repression of prostitution is an established policy of the War Department in its general program for the welfare of personnel and the control of venereal diseases. This policy applies to all overseas commands as well as those within the continental United States.

3. *Enforcement.*—It will be the responsibility of all commanding officers to secure compliance with the spirit as well as the letter of these regulations. No deviation from this program of repression of prostitution will be authorized. Appropriate commanding officers within the continental United States, its territories and possessions, and in overseas commands will enforce the following measures:

a. All identified houses of prostitution will be declared off limits to all United States military personnel at all times. Action taken in this connection will be coordinated with proper Navy authorities as provided for in the Joint Agreement of 29 August 1944 on Joint Army-Navy Disciplinary Control Boards. (See WD Cir. 367, 1944.)

b. Disciplinary measures will be taken against all military personnel entering a house of prostitution either known by them to be such or having been declared off limits by proper authority; provided, however, that such personnel are not acting in an official capacity and on orders from competent authority.

c. Full cooperation will be given civilian and other government agencies engaged in the repression of prostitution and the elimination of sources of venereal infection.

d. All practices which can in any way be interpreted as fostering,

regulating, or condoning prostitution will be prohibited and violations handled through appropriate disciplinary action.

(AG 726.1 (5 Apr 46))

BY ORDER OF THE SECRETARY OF WAR:

Official:

EDWARD F. WITSELL
Major General
The Adjutant General

DWIGHT D. EISENHOWER
Chief of Staff

The Washington *Evening Star's* report on the new regulation, published at the time of its release, tells why it is necessary and furnishes a resume of the general situation:

GEN. EISENHOWER ACTS TO INTENSIFY MILITARY DRIVE ON PROSTITUTION

Faced with the first sharp rise in the Army's venereal disease rate since 1902, Gen. Dwight D. Eisenhower, Chief of Staff, has backed up the continuous military drive against vice conditions with a new regulation requiring all commanders in this country and overseas to declare all identified houses of prostitution "off limits."

The new regulation provides "disciplinary action" — a court-martial, officials said—for any serviceman knowingly entering such a house.

At a press conference called to discuss the problem which the Army thought it had "licked" a few years ago, a spokesman said the all-time low rate of 28 cases of infection per 1,000 men set in 1943 had risen to 69 cases per 1,000 men last year. It is still mounting.

Up to now the Army had let overseas theater commanders exercise their own ideas of controlling venereal disease in their areas. In contrast with the World War, the present disease rate is higher among soldiers overseas than in the United States.

The spokesman said, in reply to a question, that he knew of no houses of prostitution having been approved for the use of troops overseas. He also denied published charges that the Army is discharging men still infected with venereal diseases.

Gen. Eisenhower's regulation, it was said, merely gives the force of additional authority to the numerous cir-

culars to Army commanders on the subject since the start of the war. It is an order which all Army echelons everywhere must carry out.

When the Army first began taking the problem seriously, in 1902, it was pointed out, the rate of infection was 160 per 1,000 men. In the First World War, the rate had been reduced to 86.71 per 1,000 men, with four times the number of infections among soldiers in the United States than among those overseas.

Now the situation has reversed itself. In 1945 it was claimed the rate was 49 per 1,000 in the United States compared with 83 per 1,000 overseas.

Officials attributed a number of factors to the combined increased rate since 1943. There have been more men in transit and on extended furloughs in this country under the redeployment program than during the early years of training. Overseas, it was claimed, there has been less control over the men, and the scarcity of drugs had greatly increased infections in the city populations of Germany, France and Italy.

Officials also gave as one possible reason for the increase in the infection rate the too ready reliance of servicemen on the Army's "quick cure" of venereal diseases.

The Army's study of the problem produced this revelation: Ten years ago, 80 per cent of the infections among servicemen were traceable to "prostitutes," the spokesman said. Now the rate from this source is only 2 per cent.

USPHS-Navy Join in VD Orientation Course.—Navy Hospital Corps Officers trained in sanitation and scheduled for assignment on VD control duties, and civilian personnel assigned from state and

local health departments, joined in a four-weeks orientation course at Bethesda, Maryland, March 18 to April 12.

Discussion units included: *VD Problems and Movements, Public Health Approaches, the Cooperative Approach, National Programs, and Social Factors*. Six seminars were given on *Applied Epidemiology, Audio-visual Aids, Educational Principles and Techniques, Records and Control Aids, Public Relations and Community Organization and Orientation and Training*.

Howard Emes, Chief, USPHS Training and Extension Services, served as Director of the course, with Lt. Commander I. M. Kruger (MC), USNR, as Navy Adviser, and a well chosen staff of visiting lecturers including Lt. George Gould (jg), USNR, and Dr. John W. Ferree, ASHA Director of Education.

National Health Council Elects New Officers.—At its 25th Annual Meeting on March 22 officers of the National Health Council were elected for the ensuing year as follows:



MR. MATHER

President, Philip R. Mather, of Boston; vice-president, Professor Ira V. Hiseock, New Haven; secretary, Reginald M. Atwater, M.D., New York; treasurer, Timothy N. Pfeiffer, New York.

These members of the Board of Directors were also elected:

Louis I. Dublin; Ruth Houlton; Robert H. Bishop, Jr., M.D.; Mrs. Shepard Krech; Mason H. Bigelow; Mrs. Albert Lasker; G. Foard McGinnes, M.D.; Charles L. Williams, M.D.; Walter Clarke, M.D.

Members of the Executive Committee are:

Mr. Bigelow, Miss Houlton, Mrs. Lasker, Mrs. Krech, Dr. McGinnes, Dr. Bishop, and the president, vice-president and the secretary, serving *ex-officio*. Chairmen of the Finance Committee, the Membership Committee and the Nominating Committee are, respectively, Dr. William F. Snow, Dr. Kendall Emerson and Mrs. Harold V. Milligan.

U. S. Public Health Service Announces 1946 Fellowships in Health Education.—Fellowships for one year of graduate study in health education, leading to a master's degree in public health, are being offered to qualified men and women by the U. S. Public Health Service through funds made available by the National Foundation for Infantile Paralysis.

The Fellowships Provide:

Training: A year's study in public health education in an accredited school of public health. This training includes an academic year of eight or nine months and three months of supervised field experience in community health education. The courses include: public health administration, epidemiology, public health and school health education, problems in health education, community organization, and information techniques.

Financial Assistance: A stipend of \$100 a month for the entire period of academic and field training, tuition, and travel expenses for field experience. Travel to and from the university at the beginning and end of training is not included.

Date Effective:

Fellowships are effective for the academic year starting in the fall of 1946.

Who Are Eligible to Make Application:

Men and women, in sound health, between the ages of 22 and 40, who are citizens of the United States and who meet the entrance requirements of the School of Public Health of their choice. In addition to a bachelor's degree from a recognized college or university, courses in the biological and/or physical sciences, sociology, and education may be required. Training in public speaking, journalism and psychology and work experience in a related field are desirable.

How to Apply for a Fellowship:

Application forms may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. Completed forms, accompanied by two recent photographs, and official transcript of college credits, and a 500-word statement of why applicant is interested in entering the field of health education, must be in the hands of the Surgeon General by June 1, 1946. Only complete applications will be considered.

Veterans Are Eligible:

Veterans with necessary qualifications are encouraged to apply for fellowships. The subsistence allowance for veterans granted under the G.I. Bill of Rights will be supplemented by fellowship funds to bring the stipend to \$100 a month.

Miscellaneous Information:

Candidates must maintain a scholastic average of "B" to retain fellowship.

Persons accepting fellowships will be expected to work in the field of health education for at least two years after completion of training.

The U. S. Public Health Service and the National Foundation for Infantile Paralysis assume no responsibility for placing fellows in positions.

Schools of Public Health include: Columbia University, Harvard University, Johns Hopkins University, University of California, University of Michigan, University of Minnesota, University of North Carolina, and Yale University. Candidates will be permitted to express their choice of schools, and effort will be made to grant first or second choice insofar as possible.

These fellowships are not available to employees of health departments, as grant-in-aid funds are available for the training of such personnel.

APPLICATIONS MUST BE IN THE OFFICE OF THE SURGEON GENERAL, U. S. PUBLIC HEALTH SERVICE, WASHINGTON 25, D. C., NOT LATER THAN JUNE 1, 1946, TO BE CONSIDERED.

Community Advisory Centers for Veterans and Civilians Urged by Retraining and Reemployment Administration.—The task of helping the millions of people whose lives have been disrupted by war to get back to normal is primarily a community responsibility, says Major General Graves B. Erskine, Administrator of the Federal Retraining and Reemployment Administration, U. S. Department of Labor, in a recently issued statement on *Organization and Operation of Community Advisory Centers*. The statement (RRA Order No. 3) outlines desirable policies and methods for Advisory Centers, and describes ways in which the RRA and other Federal, State and community agencies can work together on such projects.

"This task cannot be effectively executed," says General Erskine, "without the full cooperation of all local, State and National agencies, both civic and governmental, whose operations and programs may in any way affect the peacetime readjustment of veterans and others. The same teamwork among government, community, industry, labor and business which enabled us to defeat our enemies in war, must continue if we are to win our battle for peace."

An outgrowth of the *Report on War and Postwar Adjustment Policies*, by Bernard M. Baruch and John M. Hancock, the Retraining and Reemployment Administration was established by Executive Order of the President, in February 1944, and was authorized to function by Congress through the War Mobilization and Reconversion Act of 1944. Transfer to the Department of Labor occurred by Executive Order of October 26, 1945.

Order No. 3 reads further as follows:

... All of the States have established veteran agencies to assist returning veterans, and many communities have established agencies known as Veterans Information Centers, Veterans Service Centers, Community Information Centers, etc., which assist veterans and others in solving their many problems in readjusting themselves. A large number of these centers have rendered magnificent service. The purpose of this Order is to assist all communities to reach the standards attained by outstanding communities.

Such centers are, for the purposes of this Order, referred to as "Advisory Centers." The Community Advisory Center should not displace or usurp the functions of other local, State, or Federal agencies or services. It cannot operate without their active aid, and through its dealings with individuals it assists and supplements their efforts. It should also help in mobilizing all resources of the community that are capable of assisting veterans and others in their readjustment problems.

Where practicable, the Advisory Center should be centrally located and render one-stop service, except such direct referral as may be necessary to established agencies and services.

Each Advisory Center, where local resources permit, should provide the following services:

- (1) *Information.*—Veterans and others should be furnished accurate and up-to-the-minute data on their rights and benefits, and the services available from government and community agencies.
- (2) *Referral service.*—The referral service should place the applicant in understanding contact with the agency or individual which can best meet his needs or requests.

(3) *Counseling.*—Counseling service should be provided to the extent that the applicant is enabled to understand his problems in the light of his background and abilities, and arrive at a logical and sound decision as to his general course of action. For example, a returned veteran may not have decided whether to return to full-time education, take an apprentice training course, or take a regular full-time job. Once he reaches a decision as to which course he will take, he should be referred to a qualified establishment or individual so that he may receive competent attention from a man in the field he has chosen. Counseling should include educational, vocational, financial, personal-social, and such other similar service as may be required in the particular community.

(4) *Clearing-house functions.*—The operation of a center gives its staff and the committee in charge a direct and continuing opportunity to observe any gaps, overlapping or lack of coordination in the services that the various agencies render locally to individuals. Accordingly, the committee should act as a clearing-house through which all resources in the community can be coordinated, through mutual consent, so that all reasonable needs of applicants may be met most efficiently and with the least possible delay.

2. By copy of this Order, the Governor of each State; the Governors of Hawaii, Puerto Rico, Alaska and the Virgin Islands; and the Board of Commissioners, District of Columbia, are urged to take the following action:

(a) To establish or implement a State governmental agency to stimulate and encourage communities in the

establishment of Advisory Centers throughout the State, wherever the local situation may require such a center, as a means of counseling and dispensing general information pertaining to the rights and benefits of veterans and others. The service rendered by the Advisory Centers should not interfere with or preclude the counseling and dispensing of information to veterans and others by the various Federal agencies in the execution of their legal functions.

(b) To charge the State agency with the responsibility of obtaining the cooperation of all State-wide agencies which have functions and operations that may affect the efficient operation of Community Advisory Centers.

(c) To provide in the organization of the State agency for full participation of all interested organizations and

agencies that may be of help in providing assistance and guidance to veterans and others.

(d) To authorize the State agency to take such measures as may be necessary to insure that Community Advisory Centers provide such information and counseling service to veterans and others as is not furnished by Federal and local agencies in the execution of their legal functions.

(e) To designate the State agency, and Community Advisory Centers, by appropriate names, such as State Advisory Center Committee, State Veterans Service Committee, Veterans Information Centers, Veterans Service Centers, Community Advisory Centers, Retraining and Reemployment Advisory Centers, or otherwise, in accordance with the laws and customs within the State and communities concerned.

3. FEDERAL COOPERATION WITH THE COMMUNITY ADVISORY CENTER PROGRAM

(a) All Federal agencies subject to the jurisdiction of the Retraining and Reemployment Administration will cooperate with State and local agencies in the establishment and operation of Community Advisory Centers through the following action:

(1) Represent, at the request of the State governments, the Federal government on State bodies dealing with the readjustment of veterans.

(2) Direct their organizations to lend assistance, in the form of personnel, data and other aid, upon the request of Community Advisory Centers.

(b) To improve service rendered to veterans and others, and to expand Federal cooperation with the State Advisory Center program, cooperation between the field representatives of Federal agencies administering programs affecting veterans' rights, benefits and services, through the establishment of formal committees or otherwise, is encouraged.

(c) Federal agencies will dispense information, counsel individuals, and make such determinations as they are directed to do by law.

(1) A Federal agency should refer an individual with a problem outside its own scope to an established Advisory Center if the problem is not sufficiently well-defined to make direct referral to another agency logical.

4. The Administrator of Veterans Affairs concurs in principle with the provisions of this Order in so far as they affect the operations of offices of the Veterans Administration and is issuing separate instructions with a view to effecting close cooperation of officials of the Veterans Administration with State and community agencies.

5. The Army, Navy, and Coast Guard will continue to advise and instruct personnel prior to and at the time of discharge in accordance with programs initiated pursuant to RRA Order No. 1.

A manual, *Your Community Advisory Center (how to organize—how to operate—to serve veterans—to serve all others)* has recently been issued by the RRA. Single copies are available on request to the Retraining and Reemployment Administration, 700 Federal Trade Commission Building, Washington 25, D. C.

Dr. Ferree Becomes ASHA Director of Education.—The American Social Hygiene Association announces the appointment of John W. Ferree, M.D., as Director of the Division of Education and Special Projects, which, under the guidance and with the cooperation of the Association's National Education Committee, is undertaking an expanded and intensified program to meet the growing demands for national leadership in this field.



Previous to joining the Association's staff on March 1, Dr. Ferree was on active duty for three and a half years as a Naval Reserve commissioned officer in connection with the Navy's venereal disease control program. Following service in the West and Northwest, for the past year, as Commander Ferree, he has been in charge of the Venereal Disease Control Section, Division of Preventive Medicine, Bureau of Medicine and Surgery, with headquarters in Washington. He recently received

a special commendation from Navy Secretary James Forrestal for his fine work in this assignment.

Dr. Ferree is also well known in public health circles as a former State Health Officer of the State of Indiana. Born there, he received his medical education at the Indiana University School of Medicine, following an A.B. degree from the University of Pennsylvania in 1925. He completed his medical training by internship at Harper Hospital, Detroit, and as Resident Physician in Medicine at Passavant Memorial Hospital, Chicago; Evanston (Illinois) Hospital, and at Northwestern University School of Medicine. The latter two appointments involved teaching medical students and nurses. Dr. Ferree also participated in In-Service Training Programs of Indiana State Board of Health and Indiana State Department of Public Welfare. In 1939 he received the degree of Master of Public Health from the School of Hygiene and Public Health of Johns Hopkins University. He is a member of local and state medical societies and of the American Medical Association, a fellow of the American College of Physicians and a fellow of the American Public Health Association.

His wide acquaintance, experience in public health, and specialized studies of the educational needs of men and women in service make his addition to the Association's staff most important at this time when educational groups and institutions are striving to aid military and homefront veterans to adjust to the social hygiene problems of postwar.

For the present Dr. Ferree is stationed at the Association's Washington Liaison Office, 927-15th Street, N.W.

SUMMER COURSES — 1946

University of Cincinnati: *School and Community Health Education Institute.* June 17-29. General and special teaching methods, personal health standards and evaluations, personal patterns of everyday living, mental hygiene, nutrition, correction of defects, public health practices and disease control, accident prevention, home nursing skills, and social hygiene. For further information write to Miss Helen Norman Smith, Professor of Physical and Health Education.

Social hygiene institute. July 1-6. To be concerned primarily with measures contributing to successful marriage and family life. Director, Roy E. Dickerson, Executive Secretary, Cincinnati Social Hygiene Society. Special lecturer, Dr. Paul Popenoe.

University of Minnesota: Spring quarter, and Summer Session, 1946. *A Course in Social Hygiene:* Part I, *Lectures in Social Hygiene*, given also at Bemidji State Teachers College, Duluth State Teachers College, and Winona State Teachers College. Part II, *Problems in Teaching Social Hygiene*, at University of Minnesota only. Regular University and Teachers College credit.

University of California: Two courses for teachers on *Sex Education and Family Life*. Instructor, Mrs. Frances Bruce Strain.

University of Pennsylvania: June 27-July 31. *Fourth Annual Institute in Health and Human Relations.* For further information, address Dr. John H. Stokes, Director, University of Pennsylvania, 36 and Spruce Streets, Philadelphia 4.



DR. LESHNER

University of Oregon: P. H. 507--*Social Hygiene Education Seminar.* 3 hours graduate credit. For teachers, counselors and school administrators. Integration of social hygiene education in Oregon health instruction courses, grades 7-12. Related aspects of reproduction, marriage and family life and venereal disease control.

University of Utah: June 10-July 19. ASHA will sponsor a course in social hygiene education designed to meet the increasing demand for educators, nurses, social and religious leaders trained in the field of sex-character education and education for family life. 2½ credit hours. Mabel Grier Leshner, M.D., Director. For information address the Registrar at Salt Lake City.

ANNOUNCEMENT

The American Social Hygiene Association announces the early publication of a new manual

Human Relations Education

by

Gage G. Wetherill, M.D.

Director of Health Education, San Diego City (California) Schools

Described as "a report on a project developing in the San Diego City Schools" this publication will furnish a valuable addition to the reference and guidance literature in this field. Watch the JOURNAL and SOCIAL HYGIENE NEWS for prices and publication date.

NEWS FROM THE STATES AND COMMUNITIES

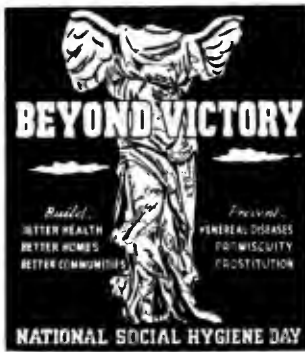
BUILDING DAY IN THE HOME TOWNS OF AMERICA

A brief report on Social Hygiene Day, February 6, 1946

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

Recently the press carried the story of the return home of a young soldier, crippled in war, for whom his neighbors built in a single day a house complete from cellar to roof-tree. On that day all the men and women of the town put aside their own affairs to join in a common effort, and when evening came a new home, gleaming with fresh paint, with a lawn newly sodded, easy chairs drawn up to the fire, and a hot meal on the stove, stood where no building had been when the sun rose.



Social Hygiene Day
Poster

Community builders displayed 15,000 to call attention to their programs. Name of local group appears at bottom of these blue and gold posters.

This "building bee" of 1946 follows a very old pattern in American life. In colonial days—and later, wherever the pioneers went—the building of homes and churches and schools and barns was very commonly accomplished by the joint effort of neighbors. It was a matter of pride that the new edifice should be reared in a single day, and when night came there was a feast under the new roof and rejoicing over a good job well done.

Those days are gone and in our modern life, with its streamlined efficiency, the working together of neighbors on construction of shelter for man and beast "by hand" seldom is necessary. But the building of the community itself—as an entity apart from the shells of wood and brick and stone that house it—is still the joint task and responsibility of all citizens. It is they who decide by their actions whether it will be a good town for families to live in and children to grow up in. The building of such a town is as truly the creation of neighbors working together as were the first simple shelters of the pioneers.

"Neighbors working together" to build "better health, better homes, better communities" for the days of peace "beyond victory" was the theme of Social Hygiene Day 1946. This annual event, sponsored nationally by the American Social Hygiene Asso-

ciation and in the states and communities by the social hygiene societies and cooperating agencies, brings citizens together on one day of the year for a consideration of progress toward social hygiene objectives and the planning of next moves. The social hygiene house—unlike the homes of America's early settlers—cannot be built in a day: the problems of construction are too many and too complex. But a single day—Social Hygiene Day—offers the men and women who will live in that house an opportunity to check completed construction against the blueprints and to review and approve next undertakings. It is in this larger sense that Social Hygiene Day is building day in the hometowns of America and that all the people take a hand in the job.



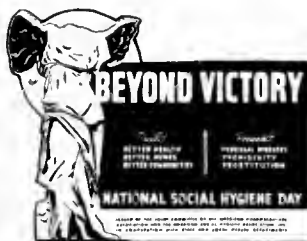
A Leaflet

125,000 copies were given out at Social Hygiene Day Meetings to remind citizens of responsibility to self, to family and to community.

By tradition the community picks its own date—usually in February and most frequently the first Wednesday of that month—for its Social Hygiene Day observance. **South Bend, Indiana**, led off in 1946 with an all-day meeting on January 23. **Philadelphia**, on February 1st, held a regional conference that initiated a month-long program of case-finding and health education. **Chicago** too devoted the month of February to an anti-VD campaign of public information and health education. In the **District of Columbia**, in **Puerto Rico** and in **Jefferson City, Missouri**, also, February was Social Hygiene Month, as it was in **Greenville, South Carolina**.

The first week of February was Social Hygiene Week in **Chattanooga, Tennessee**; in **Johnstown, Pennsylvania**; and in **Jackson, Michigan**. Other important early Social Hygiene Day observances were those in **Hartford, Connecticut** and **Schenectady, New York**, on February 4th. February 5th was the date of a Regional Conference in **Cleveland**, at which Surgeon General Thomas Parran spoke. On this same day community meetings were held in **San Antonio, Texas**; **Pasadena, California**; **Omaha, Nebraska**; **New Brunswick, New Jersey**; and in **Portchester, Saratoga Springs and Troy, New York**. The **Virgin Islands** held their observance on both the 5th and 6th.

February 6th was the official date of Social Hygiene Day and the greatest number of meetings was of course held on this day.



Pharmacy Display

Pharmacists called for 10,000 of these blue and gold window and counter cards, which were issued by the Joint Committee of the American Pharmaceutical Association and ASHA, cooperating with state and local health departments and social hygiene societies.



On Drug-store Counters

A new six-page leaflet was also issued by the Joint APHA-ASHA Committee for distribution through pharmacies (125,000 copies).

The Regional Conference on Social Hygiene and the Annual Meeting of the American Social Hygiene Association, held in **New York City**, were reported in the March issue of the JOURNAL. Other communities holding meetings on that day included **Montgomery, Alabama; Providence, Rhode Island; Long Beach, California; Denver, Colorado; Bristol, Connecticut; Wilmington, Delaware; Dayton, Ohio; Lakeland and Pensacola, Florida; Moultrie, Georgia; Fort Wayne, Indiana; Frankfort and Louisville, Kentucky; Portland, Maine; Cambridge, Massachusetts; Ann Arbor and Grand Haven, Michigan; West Point, Mississippi; Kansas City and St. Louis, Missouri; Manchester, New Hampshire; Lincoln, Nebraska; Elizabeth, New Jersey; Kingston, Oneida, Poughkeepsie and Woodbury, New York; Spokane, Washington**, and many more.

February 7th saw meetings in **Honolulu, T. H.; Niagara Falls, New York; Salt Lake City, Utah; Hampton, Virginia; and Milwaukee, Wisconsin**. The 8th, too, was a popular day, with meetings in **Santa Fe, New Mexico; Rochester, New York; Portland, Oregon; and Wichita Falls, Texas**.

The week of February 10th was Social Hygiene Day meeting time for **Cranford and Rahway, New Jersey; Brooklyn and Syracuse, New York; Spartanburg, South Carolina; Dallas, Texas; Seattle and Tacoma, Washington; St. Paul, Minnesota; Bridgeport, Connecticut; Decatur, Illinois; San Francisco, California; and Covington and Paducah, Kentucky**.

Indianapolis began the third week of February with a regional conference on February 18th. **Oklahoma City** held a meeting on the same day. Next came **San Diego, California**, with a two-day Regional Institute on Social Hygiene on February 19th and 20th. **Atlanta, Georgia**, and **Gary and Tipton, Indiana**, observed Social Hygiene Day on February 21st. The 22nd was the date of **Baton Rouge's (Louisiana)** program. The twenty-fifth of the month saw meetings in **Alexandria, Louisiana; Charleston, South Carolina; and Lynchburg, Virginia**. **Columbia, South Carolina**, rounded out the month by holding its Social Hygiene Day meeting on February 28th. But that was not the end; **Harrisburg, Pennsylvania** observed Social Hygiene Day on March 12th and **Augusta, Georgia** on March 19th and **Springfield, Massachusetts** plans to make a date in May Social Hygiene Day in that city.

To aid communities in planning their Social Hygiene Day observances the American Social Hygiene Asso-

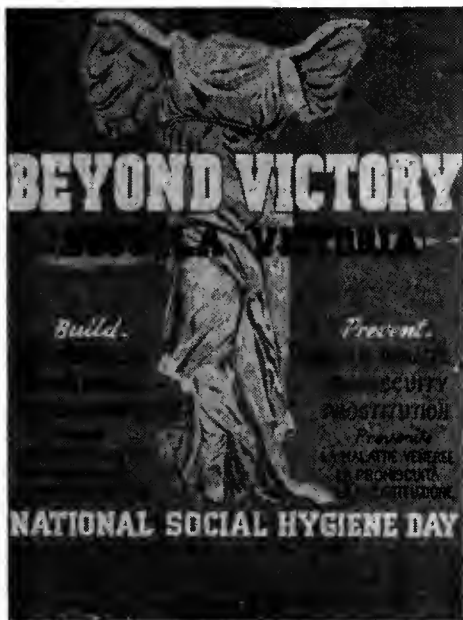


Folder

Announcements of Social Hygiene Day in the JOURNAL and NEWS were supplemented by a special folder.

ciation this year produced and distributed a very complete kit of program and publicity aids, a poster bearing the *Beyond Victory—Build Better Health, Better Homes, Better Communities* slogan, a folder (*Beyond Victory*) announcing the February event, a leaflet (*See Here, Private Citizen*) for distribution at meetings, and a counter card and pocket-size folder (*Here's What You Should Know About VD*) for use by cooperating pharmacies.

No report as brief as this thumb-nail sketch of February's events can do justice to the help given to Social Hygiene Day's success by thousands of individuals and organizations. Governors of states and mayors of cities issued proclamations declaring February 6th Social Hygiene Day throughout their jurisdictions. The radio loaned its voice to meeting sponsors, to publicize their gatherings and broadcast the addresses of their speakers. The press gave generously of its space to report on Social Hygiene Day programs. Cooperating agencies, official and voluntary, national, state and local, served as channels for distribution of word about the February observance and as sponsors of meetings and other programs. In **Canada**, February 6, as an important event in Health Week, and the third annual National Social Hygiene Day sponsored by the Health League, in cooperation with federal, provincial and local health departments, marked the beginning of a month's intensive nation-wide anti-VD campaign. Social Hygiene Day was building day for all America and everywhere across the country neighbor worked shoulder to shoulder with neighbor to see the job through.



Social Hygiene Day Kit

Programs and Publicity Aids were provided through a handsome brochure presenting the Beyond Victory motif in black and gold. Looseleaf indexed style will make this of lasting convenience.

The cut shown here depicts the *Social Hygiene Day Poster*, with Italian text added, as prepared by the Association's Committee on International Relations and Activities at the request of the State Department, for display at a Welfare Conference held in Rome, Italy, in April, 1946.

THE USPHS-ASHA "TEAM PLAN"

An Experiment in Joint Planning for Community Needs

ESTHER EMERSON SWEENEY

Field Representative, American Social Hygiene Association

For almost a year, the United States Public Health Service and the American Social Hygiene Association, with the aid of other voluntary and official agencies in the states and communities, have been working together on a special field project which has for its goal the enlistment of interest and cooperation among citizen groups. This project, known as the USPHS-ASHA Team Plan, has been carried out, thus far, in nine States. By the end of June, four more states will have been visited. The general idea of speaker-teams is not new, nor is cooperative planning and work between the USPHS and ASHA new. Because the present Team Plan, however, has had more intensive application during its lifetime than similar plans have usually had, and has called into play more local and national participation, it seems to merit a special report at this time.

In May, 1945, in Kentucky, under the sponsorship of the Social Hygiene Association of Kentucky, and with the active participation of both the President and the Executive Secretary of the Society, the present Team Plan had its trial run. From this experience and with the encouragement of Surgeon General Parran, the Plan was further formalized and extended.

The plan has been built up around a series of one-day community meetings. The program in each community consists of an all-day institute, usually accompanied by a civic club-sponsored luncheon or dinner meeting and a well-planned discussion period. Five subjects are discussed during the course of the day; the public health aspects of the venereal disease problem, by a representative of the USPHS; social aspects of the VD problem, generally by a prominent local social worker; education for family living, by a member of the ASHA staff or by a well-known local educator, familiar with this field; protection of women and girls, by a member of the staff of the Social Protection Division; community responsibility for social hygiene, by a member of the ASHA staff.

Preparatory to the visit of the Team to any community, a good deal of groundwork is done; local sponsorship is secured, publicity is prepared, the actual meetings are planned for in terms of hours, place of meeting, presiding officers, etc.; subsequent to the meetings, follow-up needs to be done to consolidate local plans for forming Social Hygiene citizen groups. In most instances, both the preparatory work and the follow-up have been carried out by the ASHA field staff and other details—correspondence, supplying publications, placing interested persons in each community on the mailing list—have been carried on by the ASHA staff at the national office.

For most of the one-day institutes, we have been fortunate in having the services of Dr. Percy S. Pelouze, Special Consultant, USPHS, made available to us by the Public Health Service. Dr. Mabel Grier Leshner, nationally known educator, has been able to accompany the Team in several states and in addition to participating in the Team Plan appearances has done a splendid piece of interpretive work to school and college faculties and administrative bodies, on the concepts and techniques of family life education.

During last May's trial run in Kentucky, four cities were visited—Ashland, Bowling Green, Paducah and Owensboro. Owing to the splendid follow-up work of Miss Margaret Flynn, Executive Secretary of the Kentucky Society and of Dr. John R. Pate, its President, four new Social Hygiene Committees were formed in these towns. In late November, a return trip was made to Kentucky, where Team appearances took place in Newport, Covington and Louisville and now both Newport and Covington have developed Social Hygiene Committees.

Since November, 1945, Team Plan visits have been made in the following cities:

Kentucky—Newport, Covington and Louisville.
Ohio—Columbus, Toledo, Youngstown and Akron.
West Virginia—Huntington, Fairmont, Charleston and Wheeling.
Illinois—Peoria and Kankakee.
Indiana—Terre Haute, Muncie, Gary, South Bend and Evansville.
Texas—San Antonio, El Paso, Fort Worth, Houston and Galveston.
Louisiana—Shreveport, Baton Rouge, Alexandria, Monroe and Lake Charles.
Arkansas—Fort Smith and Little Rock.
Mississippi—Hattiesburg, Meridian, Jackson, Corinth and Lowell.

Seven new societies have come into being as a result of Team activities since last November; eleven are now "in the making" (have actually begun their first steps in organizing local groups); three existing societies (the Team did, on occasion and on request, visit some communities which already had Social Hygiene organizations), were, in their own words, "appreciably strengthened" by the Team Plan visits. Since Texas, Louisiana, Arkansas and Mississippi have all been visited only very recently, reports on results in those states cannot yet be made.

Readers may be interested in knowing something about the audiences in the various cities. Throughout, it was the experience of Team members that audiences were very representative of local leadership. Some audiences were small, some large: of greatest importance was the qualitative aspect of the audiences and there is no question but that the persons present were exactly the ones the Team most desired to reach. In actual figures—5,593 attended the regular Team Plan institutes and almost 8,000 more attended special lectures given by Dr. Leshner.

While some space has been devoted to the results of Team Plan visits in the way of new societies, it seems of equal significance to comment on the wonderful spirit of cooperation that was found in every city visited. Although field staff of the ASHA made prepara-

tory visits, there is no question but that a tremendous amount of work and coordinated effort were undertaken by local committees on arrangements, by clubs, Councils of Social Agencies, Community Chests, etc. Local team work in preparation for the visits and in making each institute smooth-running and efficient was more than noteworthy.

State and local Health Officers, members of other official agencies have been untiring in their help of the Team. If the Team Plan has presented to the communities a demonstration of coordinated effort at presentation of the whole, broad social hygiene program, it must be said that the communities presented to the Team and to their fellow citizens, a demonstration of teamwork between official and voluntary agencies, clubs, civic organizations, city administration, educational, ministerial and other groups that will not be forgotten. It's all team work, really, whether one sits for hours at a telephone calling out leaders to a meeting, as part of local team-play or travels the country over in the dubious comfort of post-war traffic, as part of the Team Plan.

It should be said that the Team Plan is by no means a magic formula for community organization! A visit from the Team to a city does not always mean that a society or committee may be expected to spring into being immediately. The "success story" in Kentucky goes back to a long period of community stimulation on the part of the Kentucky Society; there existed already in Kentucky, community awareness and readiness with which the Team could work.

In other communities where team visits were followed by the development of local organizations much the same holds true. Also, the pace at which communities, anywhere, respond to community organization proposals is bound to differ. So that while one is delighted to see many new buds flowering in all the states that have been visited, if some come to fruition a little later than others, it is no cause for local discouragement.

A Team is now en route through Iowa, Nebraska, Colorado, Oregon, Washington and Idaho. Speakers are Dr. Pelouze, Mr. A. McLarty, of the Social Protection Division's Chicago office, and Miss Eleanor Shenhon of the ASHA. Local sponsors include, in addition to established social hygiene groups, Community Chests, councils of social agencies and other civic and social groups. Advance reports indicate a warm welcome and successful programs all along the line.

A more detailed discussion of the principles and methods involved in this project, and the opportunities which are believed to lie ahead, will be held in a social hygiene session at the National Conference of Social Work in Buffalo, N. Y., May 23.

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Secretary-Treasurer, Liaison Committee for International Social Hygiene Agencies and Activities

International Liaison Committee for Social Hygiene Is Formed.—In response to requests from various health and welfare agencies in the United States and in other countries, a Liaison Committee for International Social Hygiene Agencies and Activities has been set up, for service during the period of transition from war to peacetime relationships among nations.

Headquarters of the Committee are at Room 1401, 1790 Broadway, New York. Dr. William F. Snow is serving as chairman, and Miss Jean B. Pinney as secretary-treasurer with Bascom Johnson as special consultant.

United Nations: Temporary Social Commission Will Consider Social Hygiene Problems.—By resolution of the Economic and Social Council of the United Nations, adopted on February 16, 1946 (Document E/20 of February 15, 1946), a Temporary Social Commission was established. Among the functions of the Commission are:

“(c) to assume on an interim basis, pending the establishment of permanent machinery, the work of the League of Nations on such social questions as traffic in women and children and child welfare;”

Members of the Commission are:

Mrs. Kristi Djordjevic, Yugoslavia; Mr. Ramiro Guerra y Sanchez, Cuba; Mr. S. W. Harris, United Kingdom; Mr. Henri Hauck, France; Mr. Frantisek Kraus, Czechoslovakia; Mr. Gerardo Molina, Colombia; Mr. Manuel Seonane, Peru; Mr. A. J. Argyropoulos, Greece. Secretary of the Commission

is Miss Katharine F. Lenroot, and Miss Alice C. Shaffer, Assistant Secretary.

The Commission will convene at Hunter College, Bronx, New York, on April 29, to study the above and other problems, and make recommendations in a report to be presented to the UN Social and Economic Council, which will meet on May 25 at the same place.

Europe: UNRRA Says VD Rates Continue High.—Supplementing the February JOURNAL's notes on health conditions in European countries as reported by UNRRA, is an Associated Press release of February 23 from the same source which states that venereal diseases are “now up three to five times prewar figures; highest in Germany.” The report says further:

“Europe has a good chance of getting through the remaining critical winter months without epidemic of any disease. If this optimistic forecast is borne out it will be a great tribute to preventive medicine in combating deplorable conditions that faced peacetime Europe—insufficient housing, disrupted public utilities and inadequate diet.”

British Social Hygiene Council Holds Conference on Family Life.—Jointly with the Town and Country Planning Association the British Social Hygiene Council held on January 24 and 25 in London a conference on *The Needs and Problems of the Family*. Mrs. Eleanor French, Council Secretary, writes that more than 500 persons attended and "we think it was useful in reaching local authorities in all parts of the country as well as social workers and others." The two day program included as topics and speakers:

Population Trends, R. F. Harrod; *Health Services and the Family*, Dr. Greenwood Wilson; *Housing and the Family*, Miss E. Halton; *Education for Family Life*, R. Weatherall; *Biological Aspects of the Family*, Professor F. A. E. Crew; *Psychology of Family Relations*, Dr. David Mace and the Rev. Gilbert Russell; *Planning for the Family in the Community*. Chairmen for the four sessions were the Right Honorable Lord Pakenham, H. Edward Newman, Dr. Otto May and the Right Honorable Sir Montague Barlow.

The Council has recently issued an attractive new folder describing its principal aims and objects, which are:

- To preserve and strengthen the family as the basic social unit
- To promote the elimination of VD and commercialized vice
- To promote the removal of conditions conducive to promiscuity
- To cooperate with the various organizations interested in the above subjects with a view to coordinating efforts to secure these ends.

Its program is directed along two main lines: 1. *Social Biology*, and 2.

Social Aspects of Sexual Misconduct. Services offered include the provision of consultant advice, speakers, arrangement of conferences and lectures, a reference and loan library for members and others, and a variety of publications, including the quarterly magazine, *Biology and Human Affairs*. Officers of the Council for the year 1946 are: President, Professor F. A. E. Crew, M.D.; vice-presidents, The Countess of Shaftesbury, Professor Winifred Cullis, Sir Edward Grigg, Mrs. S. Neville-Rolfe and Sir Cyril Norwood; chairman of executive, Otto May, M.D.; honorary treasurer, P. H. McCormack; honorary medical advisor, Sir Drummond Shiels; honorary advisor, Mrs. Neville-Rolfe; educational secretary to advisory board, R. Weatherall; honorary standing counsel, R. T. Turton; honorary solicitor, W. A. Ward-Jones; committee chairmen, Rt. Hon. L. S. Amery, Reverend J. Lyecester King, S.J., Sir Cyril Norwood, group-captain J. A. Cecil Wright, A.F.C.; secretary, Mrs. Eleanor French.

Council headquarters are at Tavistock House North, Tavistock Square, London, W.C. 1, where all communications should be addressed to the secretary.

France: Constituent Assembly Bans Prostitution.—On April 9, according to an Associated Press story appearing in the *New York Times* and other newspapers, the French Constituent Assembly unanimously approved a bill suppressing prostitution in metropolitan France and increasing efforts to wipe out white slavery.

The new law was proposed by the Cabinet, with the backing of all three major parties, and was drawn up by the Assembly's Commission for Family, Population and Public Health. Introduced by Robert Prigent, Minister of Population and Public Health, it calls for closing all houses of prostitution within from one to six months, according to the size of the cities.

Towns of fewer than 5,000 inhabitants must close their brothels within one month. The old French system of licensing prostitutes is abolished and stiff penalties set up. All registers of prostitutes were ordered destroyed immediately and special establishments for the voluntary "reeducation and social reclassification" of the women were ordered set up.

Army officers and members of the medical profession recently returned from missions to France report that the new law is being strictly enforced. "The brothels are shut tight."

Following introduction of this legislation, as reported in the February JOURNAL OF SOCIAL HYGIENE (page 81), desperate efforts were made by the prostitution syndicates to prevent its passage. A call was issued to prostitutes and their male companions, according to a United Press story of March 22, to join a *maquis d'amour*—to form an underground resistance movement to combat the new legislation.

"The powerful, moneyed syndicate sent out circulars warning it would send 'diseased women onto the streets to spread infection,' if the French Assembly passed the bill.

"It called on the hundreds of thousands who make money out of the

nation's huge legalized prostitution business to 'go under cover.'"

The UP story also says:

"Persons who will be affected by the bill include in Paris alone 1,053 women working in 183 licensed houses, ranging from the dingy back-street 'maison meuble,' to lavishly decorated establishments; 4,750 licensed prostitutes who pick up their customers where they can find them, and an estimated 90,000 clandestine prostitutes.

"Officials reported that in the provinces there are 773 licensed houses employing 3,821 women and 8,503 licensed streetwalkers with an estimated 120,000 unlicensed prostitutes.

"Health officials report that prostitution has been outlawed in 11 French cities 'without ill effects,' although they admit the venereal disease rate has neither raised nor lowered in these communities."

The International Abolitionist Federation (37 Quai Wilson, Geneva, Switzerland), in a recent bulletin on this development, comments as follows:

"The Constituent Assembly has adopted, on April 9th, a bill closing brothels, prohibiting the registration of prostitutes, and repressing any third-party exploitation.

Established in France, in 1802, the system of tolerated prostitution violated the civil liberty of the women; it was followed in most countries of the world. When applied in Great Britain by the so-called Contagious Diseases Acts (1866-69) it aroused such an opposition that an Interna-

tional Abolitionist Federation was founded in 1875

The first big success of the Abolitionists was the Repeal of the C.D. Acts in 1886 by the British Parliament. Afterwards, the majority of the countries of the World abolished that system, especially since 1917.

The 'abolition' in France is a death sentence for that regime.

To eradicate prostitution itself by attacking its economic and psychological causes is the next task."

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

THE OREGON SOCIAL HYGIENE TRAIL

In the February JOURNAL, reporting highlights of a flying field trip with stopovers in thirty-five cities in twenty-two states, mention was made of Oregon's decision to promote and distribute 200,000 copies of *You and Your Health*. The Oregon edition of the popular four-page tabloid-leaflet was planned as a project to be jointly financed and sponsored by the Oregon Tuberculosis Association and the State Health Department. In conferences held after an enthusiastic Social Hygiene Day meeting in Portland, it was decided that distribution and sponsorship of the tabloid would be sought from the trade unions, the Chamber of Commerce, the American Legion, and Negro and farm organizations.

Oregon was following a pattern approved in other localities, but here the similarity ends, for Oregon has supplied its own follow-up and is putting *You and Your Health* into work. An interesting aspect of the Oregon project is that the large printing operation is to be done in Portland rather than in New York, thus saving the considerable shipping expense from the East. The Association has forwarded mats of the main body of the tabloid; the rest of the material is being prepared and set up locally. Communities in the Far West and South are advised that this inexpensive mat service is available to them.

PIONEERING TRADITION

Sociologists analyze and define the character of a community very much as novelists describe people. States too have their own well defined characteristics. Oregon stands out as a place where the pioneering tradition of the trek westward remains a living influence; it is a state where progressive thinking has resulted in action—even in the field of sex education in the schools. While some other states officially remain in the dark ages as far as recognizing the basic need for providing youth with knowledge and attitudes to prepare for wholesome family life, Oregon has quietly passed the first comprehensive bill mandating the inclusion of integrated health education in its schools.

How well public opinion in Oregon has backed the enactment of this law is reflected in the request by a leading newspaper of the state for a guest editorial on the subject. The editorial is reprinted below because it gives some of the details of the bill. It should be noted however that the bill, originally drawn up with the aid of Professor Maurice A. Bigelow of the ASHA was passed under the leadership of Dr. Adolph Weinzirl, Professor of Public Health and Preventive Medicine, University of Oregon, with the active support of the Oregon Federation of Women's Clubs, the PTA and of key individuals, including men of the church and of labor.

TODAY'S GUEST EDITORIAL

Facts of Life

By PERCY SHOSTAC

Industrial Consultant, American Social Hygiene Association

Too frequently, men and women who should know better assert that our young people today can teach their parents a thing or two about the facts of life. Less cynical but hardly more realistic objectors to sex education in the schools argue that such instruction belongs in the home and church.

The churches come in contact with a minority of young people—most of these from the more stable homes—rather irregularly once a week. Unfortunately, most parents are not only unequipped to do the job, but because of maladjustments of their own, shy away from it. An examination of the vaunted enlightenment which youngsters today are reputed to acquire from each other discloses a confused compound of half truths, misinformation, back-of-the-barn folk lore and just plain ignorance.

Uninformed and unguided, our youth pays a devastating price. Gonorrhea epidemics are disclosed in high schools. Army reports estimate that as high as 92 per cent of venereal infections among service men during the war were contracted from promiscuous young amateurs rather than professional prostitutes. In Los Angeles since Pearl Harbor, the rate of infection in the age group 15 to 19 increased by 207 per cent; in New York City by 204 per cent.

What more logical place than the school to develop the attitudes and impart the facts which youngsters so desperately need to adequately meet the problems of adolescence and new maturity? Only in the schoolroom can all our children of all strata be reached. The number of years spent at school make it possible to integrate sex education into the different grades and subjects so that the knowledge is acquired naturally and without disturbing emphasis.

Our youth today want to know. All over the country people want our youth to know. Oregon is the first state to legislate this popular sentiment into law. The new law requires inclusion of health instruction under 11 areas: community health and sanitation; nutrition; safety education; first aid; choice and use of health services and health products; physiology of exercise; effects of alcoholic drinks, stimulants and narcotics; personal hygiene; mental hygiene; communicable disease; and structures and functions of the human body. Under the last five areas, ample provision is made for integrated instruction in social hygiene and sex education.

Mrs. Saidie Orr Dunbar, dynamic director of the Oregon Tuberculosis Association, remarked at the Social Hygiene day conference held recently in Portland, that as settlers moved westward, they discarded outworn traditions along with non-essential baggage.

Without Oregon's pioneer background, it is doubtful whether the 1945 Oregon legislature would have passed this bill which makes mandatory a program of health instruction with provision for sex education in Oregon grade and high schools. Orchids, or better yet, roses to Oregon and those responsible for doing something basic to protect the future of our youth! Oregon's lead will be watched by other states and many will follow.

NEW SERVICE FOR FIRMS

One of the first results of a visit to Akron, Ohio, described in February, was the preparation of a comprehensive *Procedure Outline for an Employee-Management Health and Safety Education*

Program at the Seiberling Rubber Company. This outline is now being studied by Mr. J. P. Seiberling, President, and other executives of the Seiberling Company as they prepare to launch their program.

The contents of the twenty-page mimeographed program are presented under the topical headings:

Why Health Education in Industry; Health-Conscious Employees Are Better Employees; Health Education Pays; Preliminary Organizational Procedure; The Health and Safety Committee; The Health Education Plan; The Program; The VD-TB Survey; Further Program Possibilities.

Also included is a statement on follow-up and employment policies after blood tests for syphilis and examinations for gonorrhea; a statement on follow-up and employment policies after chest X-ray examinations, prepared by the National Tuberculosis Association; and a diagram chart describing mass chest X-raying and blood-testing procedure, prepared by the State Health Department of Georgia and based on the historic community-wide VD-TB survey conducted in Savannah, Georgia, last November. A complete file of the Brooklyn Industrial Health Committee's monthly tabloid, *Here's to Your Health*, is inserted in an envelope attached to the back cover, as a source for popular and accurate educational material on more than a score of health and safety subjects.

For many years the ASHA has encouraged industry to combat the venereal diseases as part of a general health and safety education program. The Outline, prepared for the Seiberling Company, is based on the experiences of public and voluntary health agencies and is a culmination of many years of work by the Association in the industrial field. The ASHA believes the program to be suitable to the needs of most business and industrial firms. It is convinced that an increasing number of industrial and business organizations have become aware that health education programs, conducted democratically under employee-management auspices, are good business practice. *Procedure Outline* is available from ASHA headquarters, 1790 Broadway, New York 19, N. Y., upon request.

Other ASHA Publications on Social Hygiene in Industry

(please address requests to 1790 Broadway, New York 19)

- **Industry vs. VD.** Manual for industrial management
- **Trade Unions vs. VD.** Manual for trade unionists
- A-443 **Industry's Opportunity,** Walter W. R. May
A challenging article by a pioneer in both social hygiene and industry.
- A-535 **Labor Fights VD,** Percy Shostac. (Reprinted from the *American Federationist*)

The four for 25 cents postpaid.

YOUTH NOTES

"IS YOURS A GOOD COMMUNITY"?

A test of the community's real interest in the welfare of its children and youth, says Charles Howell, writing in the *Kansas City School Bulletin*, is to be able to answer "no" to the following questions:

Does your community have:

1. Taverns which permit the sale of liquor to minors?
2. A lack of adequate recreation facilities for boys and girls in groups, available at the times and places where they are needed and wanted?
3. Children under age of 16 working in industrial or commercial establishments?
4. Sixteen- and 17-year-old children working under unsupervised conditions and during unsupervised hours?
5. A lack of an adequate social and sex hygiene program in the public school?
6. Working mothers for whose children no adequate provision is made—and used?
7. New families in the community who have not been asked to participate in the activities of your local churches?
8. Overcrowded school buildings which seem to necessitate the holding of classes in shifts?
9. Places which directly display and sell literature of a salacious nature to children?
10. Slot machines or punchboards which boys and girls are permitted to play?
11. Overcrowded housing conditions, which destroy family life?
12. Motion picture theatres which show pictures undesirable for children?
13. Police officers who do not enforce the law?
14. Courts which fail to recognize the peculiar problems of children?
15. Marginal culture areas which cause in children an uncertainty as to right choices of behavior?
16. Race or nationality animosities that breed in children a contempt for the rights of others?
17. A schoolboard that believes in only a 9-to-4 use of the school building?
18. An antiquated school curriculum which drives children away from school?
19. A lack of cooperation among civic, religious, educational, and other organizations, that prevents effective action for the welfare of children?
20. The spirit of indifference to and an ignorance of the need of wholesome environment conditions if children are to become good citizens.

If your answer has to be "yes" to any or all of these questions, says Mr. Howell, then your community is not doing all that it might to protect children in their right to become the kind of men and women you want them to be.

How about it?

The JOURNAL picks up this trenchant questionnaire from *Youth Leaders Digest*, which regularly brings good material to the attention of its readers. Published by Youth Service, Inc., at Peekskill, New York (Box 510), this useful review is in its eighth year of publication. Ben Solomon is editor, circulation is around 10,000, and subscription price is \$3.00 yearly.

ANNOUNCEMENTS

Last Month.—The *Thirty-third Anniversary Number* of the JOURNAL featured two *Social Hygiene Day* addresses by high authorities in health and social hygiene. . . . Surgeon General Parran's Cleveland talk *The New Strategy against Venereal Disease*, Pub. No. A-620, is both a review of progress and a guide for future effort. . . . *Quo Vadis?* asked Dr. John Stokes, in accepting the William F. Snow Award for Distinguished Service to Humanity. His own answer to his question is another pathfinder through post-war problems. Pub. No. A-618. *Reprints 10 cents each.* A few of the entire number available for 35 cents per copy.

This Month.—From this number on *Lessons Learned in Wartime* Miss Switzer's *Wartime Lessons in United Action for Community Welfare* has already been preprinted. (Pub. No. A-617. 10 cents.) Please let us know your needs promptly for this and reprints of Dr. Draper's and Dr. Craig-hill's articles, as well as for any other items in this issue, that we may place our printing order in accordance. *The whole number, while they last, 35 cents per copy.*

Next Month.—The May JOURNAL, as previously announced, will contain the testimony presented at Congressional Hearings on the Social Protection Bills 1779 and H.R. 5234, which are expected to be passed by both houses shortly to extend Federal assistance to the states and communities for the coming fiscal year. The official text is made available for JOURNAL publication by the bills' sponsors, Congresswoman Frances Payne Bolton, and Senators Claude Pepper, Walter F. George, Robert M. LaFollette and Robert A. Taft. Also in this issue, text of the May Act, as recently made permanent by House and Senate, in *Public Law 181*; the new *Eight Point Agreement* and statement setting forth peacetime *Relationships in Venereal Disease Control of Army, Navy, Coast Guard, Public Health Service, Social Protection Division and American Social Hygiene Association.* A new edition of the graphic chart showing commercialized prostitution conditions in the communities, as revealed in

ASHA field studies for the first quarter of 1946, shows that the trend is still downward in "good" conditions, upward in "bad." A brief report by the ASHA Legal and Protective Service accompanies the chart and explains some of the factors involved.

The June Journal.—*Twelfth Annual Library Number.* Full Table of Contents will appear in May JOURNAL.

Memo to Social Hygiene Citizen Groups and Community Workers.—If your community is one of those where commercialized prostitution threatens to return, and your police need stronger support of repressive policies, ASHA Pub. No. A-626. *Does Prostitution Breed Crime?* will help build public opinion in the right direction. Designed for the general public, attractively printed for convenient distribution, this four page folder has been prepared in cooperation with the Social Protection Division and the National Sheriffs' Association, and is endorsed by the International Association of Chiefs of Police. *Available in lots of 1,000 or more, without charge, to responsible persons and agencies.*

Making Marriages Last.—This popular folder-style article by Ray H. Everett, Secretary of the District of Columbia Social Hygiene Society and well-known writer and lecturer on social hygiene topics, has had a distribution of around 50,000 copies since it appeared a few months ago. Approved by clergymen of all faiths, as well as by counselors and educators, *Making Marriages Last* is particularly directed to marriage problems of young people, especially servicemen and women. A new ASHA edition will soon be needed. Prices will be \$2.00 per 100, \$18.00 per thousand. *Advance orders imprinted with name and address of your agency, without extra charge.* Please let us hear from you.

A New Pamphlet List.—A new edition of the Association's *Classified List of Social Hygiene Pamphlets* will appear in the June *Social Hygiene News* and will be available in folder form for general distribution. Your request for now for the supply needed for the next few months will help us to gauge the size of reprint edition needed.

For these and other publications address
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107

Journal of Social Hygiene

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National Planning for Social Protection

CONTENTS

Is Commercialized Prostitution Returning? Chart and Statement.....	Frontispiece
Editorial—Progress in Federal Legislation.....	227
The May Act Is Made Permanent.....	228
Senate Committee on Education and Labor Reports Favorably on S. 1779.....	230
Hearings on the Social Protection Bills "to authorize the Federal Security Administrator to Assist the States in Matters Relating to Social Protection, and for other Purposes":—	
—on S. 1779—before a Subcommittee of the Committee on Education and Labor, United States Senate—March 9, 1946.	
—on H. R. 5234—before Subcommittee No. 3 of the Committee on the Judiciary, House of Representatives, March 18, 1946.	
National Events.....	Reba Rayburn 233

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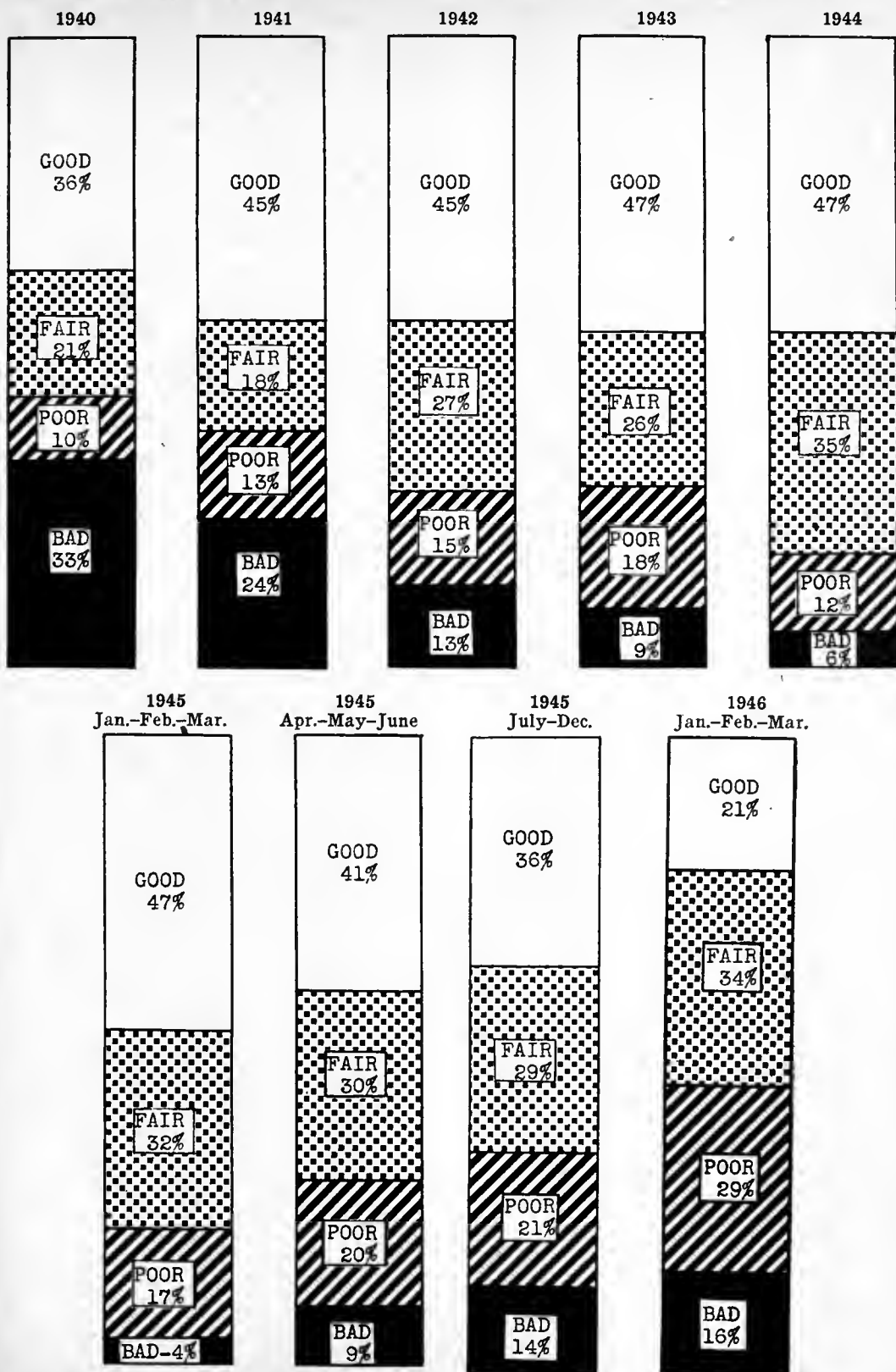
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THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES AND NATIONAL HEADQUARTERS

1790 BROADWAY 19, NEW YORK CITY

An analysis of a series of 2,373 studies made by the American Social Hygiene Association, January 1, 1940 to March 31, 1946, in 1,170 communities near many of which members of the armed forces are still stationed.



NOTE: In arriving at an opinion as to whether conditions in a given community should be classified as "good," "fair," "poor" or "bad," a number of closely related factors had to be taken into consideration. Briefly these are: (1) size of the community (2) actual amount of prostitution

IS COMMERCIALIZED PROSTITUTION RETURNING?

It will be recalled that throughout the war period prostitution underworld interests in the United States loudly asserted that the "girl racket" would be reestablished in many communities as soon as the war was over. The exploiters and their associates also pointed out repeatedly that law enforcement against their activities was strictly a war measure, and that the "girls" who took jobs in war industry when the "going got tough" for the racket in 1941 would be clamoring soon to be "spotted" (put back to work in brothels). The claim was also made by the underworld that many "new numbers" would be quickly recruited from the so-called "chippie" or "free stuff" ranks of wartime promiseeuty.

Shortly after V-E Day these forecasts started to materialize. Subsequent to V-J Day further confirmation of underworld claims became evident. "I told you so," said the racketeers, and in many communities they prepared to reap the rich financial harvest they had prophesied.

The record as shown in the accompanying chart at first glance seems to bear out the underworld boast. During the first three months of 1946 studies made in selected cities showed a 15 per cent decrease in the number of cities where "good" conditions had prevailed during the last half of 1945. Some of these cities dropped into the "fair" classification, which at the end of March, 1946 was the index of over a third of the cities studied. The percentage of cities classed as having "poor" conditions concerning repression of prostitution rose by eight per cent, and those having "bad" conditions from 14 to 16 per cent.

But these findings are not quite as alarming as they appear. Some of the communities in which prostitution resorts had reopened were promptly closed when the facts were made known and officials and citizens shown what could be done to improve the situation. This was true in a number of cities of 100,000 or more population.

It should also be noted that erstwhile prostitutes who have finished their wartime jobs are not clamoring at brothel doors to be "spotted." In fact, prostitution operators now admit "good girls are hard to get." Neither does it appear that the "new numbers" whom the facilitators anticipated recruiting from the "chippie" groups are as yet assuming the role of professional prostitutes in anything like great numbers.

The situation at the end of the first quarter of 1946 sums up to this: although the line so well established and held against commercialized prostitution during the war has cracked at some points, the breakthrough is not alarming at the moment. However, continued, concerted action by all forces responsible—official and citizen—is necessary to keep the breach from widening to dangerous proportions.

Association members and friends will be kept informed regarding further developments.

Journal of Social Hygiene

VOL. 32

MAY, 1946

NO. 5

National Planning for Social Protection

EDITORIAL

PROGRESS IN FEDERAL LEGISLATION

This number of the JOURNAL brings to its readers the official transcript of the testimony presented before sub-committees of the Senate Committee on Education and Labor and of the House of Representatives Committee on the Judiciary, at hearings on March 9 and 18, 1946, regarding the Social Protection Bills S. 1779 and H. R. 5234. The persons appearing at each of these hearings as witnesses, were representative of military and civilian authorities, professional and citizen groups in all parts of the United States. The Committees also recorded large numbers of letters and statements from interested agencies and individuals. All these joined in urging that the bills should pass.

On April 15, the Senate Committee reported favorably on S. 1779 and recommended to the Senate "that the bill do pass," in a report (No. 1778) as shown in the following pages. As of May 31, the bill was on the Senate Calendar for vote at an appropriate time. As of the same date, the House Committee on the Judiciary had received the recommendation of Chairman Francis E. Walter's subcommittee that H. R. 5234 pass.

Favorable action by both houses of Congress is expected early in June. With the passage of the May Act as a permanent measure (see page 228), adequate Federal assistance to the states and communities in social protection measures to aid effective administration of the Act becomes doubly important.

It is believed that the history of these bills and the supporting statements constitute valuable reference material warranting a place in the JOURNAL. In the next issue a final report will be made on the bills and their disposition by Congress.

THE MAY ACT IS MADE PERMANENT

On Wednesday May 15th, 1946, with the signing of H.R. 6305 by President Harry S. Truman, the May Act of 1941, *prohibiting prostitution in the vicinity of military and naval establishments*, which had been extended for a year on its expiration in May, 1945, became part of the permanent body of law of the land. Text of the new *Public Law 381* of the 79th Congress merely deletes the Act's termination date, leaving the substance the same as the original. Congressman Andrew J. May, Chairman of the House of Representatives Committee on Military Affairs and author of the original Act, introduced the permanent measure on May 3, 1946, and it was quickly approved by the House, followed by Senate passage on May 14. The text reads:

PUBLIC LAW 381—79th CONGRESS

Chapter 258—2nd Session

H. R. 6305

An Act

To make permanent the provisions of the Act of July 11, 1941, prohibiting prostitution in the vicinity of military and naval establishments.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Act entitled "An Act to prohibit prostitution within such reasonable distance of Military and/or Naval Establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy", approved July 11, 1941, as amended, is amended by striking out "until May 15, 1946, or the date of the termination of hostilities in the present war, or on such earlier date as may be specified in a concurrent resolution of the two Houses of Congress for that purpose. As used in this section the term 'date of the termination of hostilities in the present war' means the date proclaimed by the President as the date of such termination or the date specified in a concurrent resolution of the two Houses of Congress as the date of such termination, whichever is the earlier".

Approved May 15, 1946.

HARRY S. TRUMAN, *President of the United States.*

Text of the original Act containing the substantive provisions is as follows:

PUBLIC LAW 163—77th CONGRESS

*Chapter 287—1st Session***H. R. 2475***An Act*

To prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That until May 15, 1945, it shall be unlawful, within such reasonable distance of any military or naval camp, station, fort, post, yard, base, cantonment, training or mobilization place as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy, and shall designate and publish in general orders or bulletins, to engage in prostitution or to aid or abet prostitution or to procure or solicit for the purposes of prostitution, or to keep or set up a house of ill fame, brothel, or bawdy house, or to receive any person for purposes of lewdness, assignation, or prostitution into any vehicle, conveyance, place, structure, or building, or to permit any person to remain for the purpose of lewdness, assignation, or prostitution in any vehicle, conveyance, place, structure, or building or to lease, or rent, or contract to lease or rent any vehicle, conveyance, place, structure, or building, or part thereof, knowing or with good reason to know that it is intended to be used for any of the purposes herein prohibited; and any person, corporation, partnership, or association violating the provisions of this Act shall, unless otherwise punishable under the Articles of War or the Articles for the Government of the Navy, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000, or by imprisonment for not more than one year, or by both such fine and imprisonment, and any person subject to military or naval law violating this Act shall be punished as provided by the Articles of War or the Articles for the Government of the Navy, and the Secretaries of War and of the Navy and the Federal Security Administration are each hereby authorized and directed to take such steps as they deem necessary to suppress and prevent the violation thereof, and to accept the cooperation of the authorities of States and their counties, districts, and other political subdivisions in carrying out the purposes of this Act: Provided, That nothing in this Act shall be construed as conferring on the personnel of the War or Navy Department or the Federal Security Agency any authority to make criminal investigations, searches, seizures, or arrest of civilians charged with violations of this Act.

Approved, July 11, 1941,

FRANKLIN D. ROOSEVELT.

SENATE COMMITTEE ON EDUCATION AND LABOR
REPORTS FAVORABLY ON S. 1779

Calendar No. 1198

79TH CONGRESS }
2d Session }

SENATE

{ REPORT
{ No. 1178AUTHORIZING THE FEDERAL SECURITY ADMINISTRATOR
TO ASSIST THE STATES IN MATTERS RELATING
TO SOCIAL PROTECTION

April 15 (legislative day, March 5), 1946—Ordered to be printed

MR. PEPPER, from the Committee on Education and Labor, submitted
the following

REPORT

[To accompany S. 1779]

The Committee on Education and Labor, to whom was referred the bill (S. 1779) to authorize the Federal Security Administrator to assist the States in matters relating to social protection, and for other purposes, having considered the same, report favorably thereon and recommend that the bill do pass.

The bill was introduced by Mr. Pepper for himself, Mr. George, Mr. La Follette, and Mr. Taft, and was referred to this committee. The chairman in turn referred the bill to the Subcommittee on Health and Education, which held hearings on the bill.

Section 1 of the bill authorized the Federal Security Administrator, by means of advisory and informational services, to assist the several States and their political subdivisions and nongovernmental organizations to develop and carry out measures to prevent prostitution, eliminate conditions contributing to sex delinquency, and provide services for the rehabilitation of sex delinquents, particularly in areas where such measures are of importance to military or naval personnel. While special emphasis should be given to the protection of military or naval personnel, the disastrous effects of prostitution and sex delinquency are felt by the whole community. However, it has been demonstrated to the committee that protective measures taken solely in areas surrounding military establishments are inadequate to protect military personnel. The greatest rises in venereal disease rates today are in the home towns of the servicemen rather than in the military areas. Section 1 would also authorize assistance by the Federal Security Administrator to the States and their political sub-

divisions and nongovernmental organizations in fostering cooperation among community law-enforcement, welfare, and other public and private officials and groups to prevent prostitution, eliminate conditions contributing to sex delinquency, and provide services for the rehabilitation of sex delinquents.

Under the bill the Administrator would render this assistance through such officers or employees or units of the Federal Security Agency as he might designate. He would, however, do no direct police or social-welfare work. The functions of the Federal Security Administrator are restricted by the bill to giving assistance solely by means of technical and professional advisory services and the collection and publication of information. His activities, therefore, would continue to be entirely of an advisory and consultative nature. Further safeguarding the rights of the States is the provision in section 1 that no assistance would be rendered to the political subdivisions of the States except through or at the request of the appropriate State officials.

Section 2 authorizes the Federal Security Administrator to appoint advisory committees and call conferences of representatives of interested agencies and organizations, public and private, and to compensate such representatives for their expenses. Section 3 states explicitly that nothing contained in the bill shall limit or impair the authority or responsibility of any agency of the Government under any other act. Section 4 defines the term "State" to include the District of Columbia and the territories and possessions of the United States. Section 5 authorizes the appropriation of \$700,000 to carry out the bill for the fiscal year 1947 and such sums as may be necessary for each fiscal year thereafter.

The bill was supported by the War and Navy Departments and other governmental agencies interested in the suppression of venereal diseases and sex delinquency; by various interested groups of State and local officials; and by the American Social Hygiene Association and other private organizations interested in this matter. All who testified at the hearings or submitted statements to your committee agreed on the need and urgency for the activities which would be carried on under the bill. It is truly a nonpartisan measure.

During the war the Social Protection Division of the Federal Security Agency worked in collaboration with the armed forces and State and local agencies to stamp out prostitution, particularly in areas surrounding military establishments. However, the exploiters of commercialized prostitution have been awaiting the end of the war and of the advice and assistance of the Federal Government has been rendering to, and the coordinating influences it has been exerting among, the various interested agencies with the hope that the withdrawal of Federal support in this field would result in the relaxation of local public and private efforts to such an extent as to enable these exploiters to operate unhampered. Similar progress was made in the elimination of conditions contributing to sex delinquency during the

war. Here, again, if the Federal Government withdraws its aid and assistance to interested agencies there is ample evidence available to show that conditions leading toward juvenile delinquency and sex delinquency will increase. During the war considerable progress was also made toward the rehabilitation of the sex delinquents and the enactment of S. 1779 would permit the Federal Government to continue to render assistance to the States and other interested units and agencies in accomplishing this important task. However, perhaps the most important contribution of the Federal Government in the field of social protection has been its ability to assist the States and others to foster cooperation among the community law-enforcement, welfare, and other related public and private agencies and groups. Much has been accomplished by these agencies and groups working cooperatively which could never have been approached otherwise.

That the assistance by the Social Protection Division of the Federal Security Agency was of great value in the repression of prostitution and sex delinquency and in rehabilitating sex delinquents, and that the continuation of this assistance is very much desired by the State and local officials and others concerned with these matters, was made clear at the hearings. Your committee believe it would not be wise to repeat the mistakes made after the end of World War I when the let-down in efforts to combat commercialized prostitution, venereal disease, and sex delinquency had disastrous results.

The official testimony of the hearings is made available for JOURNAL publication through the sponsors of the bills, Congresswoman Frances Payne Bolton, of Ohio, who introduced H. R. 5234 on January 24, 1946, and Senators Claude Pepper of Florida, Walter F. George of Georgia, Robert M. LaFollette, Jr. of Wisconsin, and Robert A. Taft of Ohio, who jointly sponsored S. 1779.

SOCIAL PROTECTION

HEARING

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR UNITED STATES SENATE

SEVENTY-NINTH CONGRESS

SECOND SESSION

ON

S. 1779

A BILL TO AUTHORIZE THE FEDERAL SECURITY
ADMINISTRATOR TO ASSIST THE STATES IN
MATTERS RELATING TO SOCIAL PROTECTION,
AND FOR OTHER PURPOSES

WASHINGTON, D. C.

MARCH 9, 1946

Printed for the use of the Committee on Education and Labor



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CONTENTS

	Page
Alphabetical list of witnesses and authors of exhibits-----	IV
Opening statement by Chairman Claude Pepper-----	1
Testimony of:	
Watson Miller, Federal Security Administrator-----	2
Charles P. Taft, chairman, National Venereal Disease and Social Protection Committee-----	14
P. L. Anderson, director, Department of Public Safety, San Antonio, Texas-----	18
Harry P. Cain, mayor, Tacoma, Wash-----	20
Charles J. Hahn, secretary, National Sheriffs' Association-----	23
Dr. William F. Snow, chairman, Executive Committee, American Social Hygiene Association, Inc-----	25
Miss Jean B. Pinney, director, Washington Liaison Office, American Social Hygiene Association and member, National Women's Ad- visory Committee on Social Protection-----	27
Dr. Helen Gladys Kain, American Medical Women's Association----	29
Dr. C. L. Williams, Assistant Surgeon General, United States Public Health Service-----	30
Dr. J. R. Heller, Chief, Venereal Disease Control Division, United States Public Health Service-----	30
Dr. James Lade, director, Division of Syphilis Control, New York Department of Health-----	32

APPENDIX

Exhibit 1. Letter from Dr. Thomas Parran, Surgeon General, United States Public Health Service-----	35
Exhibit 2. Copy of letter on work of Social Protection Division sent by Federal Security Administrator Watson Miller to State Governors; compilation of replies received and several letters sent to Administrator-----	35
Exhibit 3. Letter from Rear Adm. O. S. Colclough, Judge Advocate Gen- eral, United States Navy-----	39
Exhibit 4. Letter from Robert P. Patterson, Secretary of War-----	40
Exhibit 5. Letter from Dr. R. M. James, Missouri State Health Com- missioner-----	40
Exhibit 6. Statement of Bascom Johnson, director, Division of Legal and Protective Services, American Social Hygiene Association-----	41
Exhibit 7. Letter from Ray H. Everett, executive secretary, Social Hygiene Society of the District of Columbia-----	42
Exhibit 8. Letter from Dr. John H. Stokes, director, Institute for the Control of Syphilis, University of Pennsylvania-----	43
Exhibit 9. Telegram from Neil J. Crowley, president, Chattanooga, Hamilton County Health Council-----	44
Exhibit 10. Letter from Bailey B. Burritt, president, New York Tubercu- losis and Health Association-----	44
Exhibit 11. Statement from George J. Nelbach, executive secretary, The State Charities Aid Association of New York-----	45
Exhibit 12. Letter from Robert W. Kenny, attorney general, State of California-----	47
Exhibit 13. Statement from Rev. Roswell P. Barnes, associate general secretary, the Federal Council of the Churches of Christ in America----	48
Exhibit 14. Letter from Judge Richard Hartshorne, the American Legion---	49
Exhibit 15. Letter from Capt. Donald S. Leonard, Michigan State police--	49

	Page
Exhibit 16. Letter from Commissioner Donald McMillan, the Salvation Army.....	50
Exhibit 17. Statement from Mrs. Joseph M. Welt, president, National Council of Jewish Women.....	50
Exhibit 18. Statement from the Congress of Women's Auxiliaries, CIO.....	50
Exhibit 19. Statement from Dr. Dorothy Boulding Ferebee, treasurer, the National Council of Negro Women.....	51
Exhibit 20. Letter from Mrs. Alfred Winslow Jones, president, Women's City Club of New York.....	51

ALPHABETICAL LIST OF WITNESSES AND AUTHORS OF EXHIBITS

Anderson, P. I., director, Department of Public Safety, San Antonio, Tex..	18
Barnes, Rev. Roswell P., associate general secretary, the Federal Council of the Churches of Christ in America.....	48
Burritt, Bailey B., president, New York Tuberculosis and Health Association.....	44
Cain, Harry P., mayor, Tacoma, Wash.....	20
Caple, Gus, first vice president, National Sheriffs' Association.....	24
Colclough, Rear Adm. O. S., Judge Advocate General, United States Navy.....	39
Congress of Women's Auxiliaries, CIO.....	50
Crowley, Neil J., president, Chattanooga Hamilton County Health Council.....	44
Everett, Ray H., executive secretary, Social Hygiene Society of the District of Columbia.....	42
Ferebee, Dr. Dorothy Boulding, treasurer, the National Council of Negro Women.....	51
Godfrey, Dr. Edward S., Jr., Commissioner of Health, the State of New York.....	39
Hahn, Charles J., secretary, the National Sheriff's Association.....	23
Hartshorne, Judge Richard, the American Legion.....	49
Heller, Dr. J. R., Chief, Venereal Disease Control Division, United States Public Health Service.....	30
James, Dr. R. M., Missouri State Health Commissioner.....	40
Johnson, Bascom, Director, Division of Legal and Protective Services, American Social Hygiene Association.....	41
Jones, Mrs. Alfred Winslow, president, Women's City Club of New York.....	51
Kain, Dr. Helen Gladys, American Medical Women's Association.....	29
Kenny, Robert N., Attorney General, State of California.....	47
Lade, Dr. James, Director, Division of Syphilis Control, New York Department of Health.....	32
Leonard, Capt. Donald S., chairman, legislative committee, International Association of Chiefs of Police.....	49
Lucas, Ferris E., president, National Sheriffs' Association.....	24
McMillan, Commissioner Donald, the Salvation Army.....	50
Miller, Watson, Federal Security Administrator.....	2
Nelbach, George J., executive secretary, the State Charities Aid Association of New York.....	45
Parran, Dr. Thomas, Surgeon General, United States Public Health Service.....	35
Patterson, Robert P., Secretary of War.....	40
Pinney, Miss Jean B., director, Washington Liaison Office, American Social Hygiene Association and member, National Women's Advisory Committee on Social Protection.....	27
Snow, Dr. William F., chairman, executive committee, American Social Hygiene Association, Inc.....	25
Stokes, Dr. John H., director, Institute for the Control of Syphilis, University of Pennsylvania.....	43
Taft, Charles P., chairman, National Venereal Disease and Social Protection Committee.....	14
Welt, Mrs. Joseph M., president, the National Council of Jewish Women.....	50
Williams, Dr. C. I., Assistant Surgeon General, United States Public Health Service.....	30

SOCIAL PROTECTION

SATURDAY, MARCH 9, 1946

UNITED STATES SENATE,
COMMITTEE ON EDUCATION AND LABOR,
SUBCOMMITTEE ON HEALTH AND EDUCATION,
Washington, D. C.

The hearing was called to order at 10:10 a. m., in Room 424B Senate Office Building, Senator Claude Pepper, Florida (chairman), presiding.

Present: Senators Claude Pepper, Florida; Walter F. George, Georgia; George D. Aiken, Vermont.

Also present: Mr. Charles Kramer, staff director, Subcommittee on Health and Education.

The CHAIRMAN. The committee will come to order, please.

The bill we are to discuss this morning is S. 1779, the purpose of which is to continue the Social Protection Division of the Federal Security Agency. During the war, this Division has done magnificent work, in collaboration with the Army, the Navy, and other governmental units, in repressing organized vice and prostitution in the neighborhood of military camps, and in developing methods of retraining and guiding wayward girls and juvenile delinquents.

The marked rise in venereal disease rates since the end of the war indicates a pressing need for the continuance and expansion of the work of the Social Protection Division. The fact that today the greatest rises in venereal disease rates are found in the home towns of soldiers and sailors, rather than in the towns bordering the military camps, shows that methods of social protection and suppression of vice must be extended to every urban area in the Nation. We must not let the good work of this organization cease. On the contrary, we must enlarge it if we want to suppress vice, lower venereal disease rates, redirect the activities of delinquent girls into more socially useful channels, and maintain and strengthen the moral fiber of the people.

The Social Protection Division does no direct police or social welfare work itself. Its activities are entirely of an advisory and contributory sort. It cooperates with local agencies by teaching new techniques of social control and by promoting unified action between police, social welfare, educational, church, and citizens' organizations in the community.

As such, as an advisory and educational unit, bringing the latest and most scientific techniques in social work to the attention of local enforcement and reform agencies, it deserves the thoughtful support of the Nation, and continuance in its good work by the Congress of the United States.

The first witness this morning is Mr. Watson B. Miller, Federal Security Administrator. Mr. Miller, we are always glad to have you.

**TESTIMONY OF WATSON B. MILLER, FEDERAL SECURITY
ADMINISTRATOR**

Mr. MILLER. Thank you, Mr. Chairman, and members of the committee. I think that since I am only a layman I had better conserve time by making my testimony as brief as possible.

The chairman will remember, as will a number of my older friends here, that about the middle of the last decade long before we anticipated another cataclysmic war, the American Legion, through its great group of medical advisers, took recognition of what we then called—and what I sincerely believe to be now—the most perplexing, if not the most technically difficult, medical problem left in America.

At about that time, the Surgeon General, Dr. Parran, just as he was about to go on the air on a very large hookup for those days, was denied the right to use the word “syphilis” over the air. Because of my two decades of experience with World War veterans, and a growing knowledge not only of their personal medical problems but of the significance and importance of medical and social problems that remained unsolved, I undertook to break down that barrier to a broader discussion of what most people thought was an unpleasant and bizarre subject to discuss publicly. With the help of the Surgeon General and his staff, I launched a story in the American Legion Magazine, which was then read by about 5 million people, frankly discussing the venereal disease problem. From that time on, I have been deeply interested in this issue and have learned as much as I could about it. I have joined the health officials of the Government and the Nation at large in coming to the Congress to ask for the first appropriations that were authorized for control of venereal disease, that being, as I recall, about 1937. Later on coming to the Federal Security Agency and working with the group then associated with the Army and the Navy, particularly in the control of venereal disease in points adjacent to military and naval installations, I gained additional information and perspective on this complex problem.

Mr. Chairman, I have a brief statement here which I seek your permission to submit for the record. It includes narrative and statistical material, setting forth the problems with which we have been working for the past 4 or 5 years, and some of the remaining needs now more widely disseminated than those encountered during war-time, together with some observations as to what the Federal Security Agency can do about it.

(Mr. Miller read the transmittal letter attached to the material which follows.)

Mr. MILLER (continuing). The material which I seek to submit for the record, Mr. Chairman, begins with a general interpretation of this extremely complex mosaic. It sets out our assessment of what we deem to be the postwar problem, in general, first, and then in some detail as to its varying segments, and what we think are workable answers. A statement follows as to what has happened in the way of cooperation with law-enforcement bodies, and what is happening now as a result of relaxation since the end of hostilities. I ask, with your permission, to submit this for the record.

The CHAIRMAN. We will be glad to have it and it will be placed in the record.

(The statement submitted by Mr. Miller follows:)

STATEMENT BY THE ADMINISTRATOR SHOWING THE CONTINUING NEED FOR SOCIAL PROTECTION

THE FEDERAL SECURITY ADMINISTRATOR,
Washington, March 8, 1946.

During the war years communities throughout the Nation have organized to fight prostitution, promiscuity, and the venereal diseases. As a war responsibility we have helped in this fight. The action of the Congress in regard to Senate Bill 1779 will largely determine whether wartime gains are to be extended or prostitution is to return to hundreds of communities.

The last 5 years have seen great advances in the medical treatment of the venereal diseases. Treatment of those infected does not eliminate a disease until the carrier is controlled. Quinine or the newer drugs such as atabrine do not control malaria until the mosquito breeding swamplands have been drained.

Controlling the carriers of venereal disease is not as simple as a problem of sanitary engineering. The breeding swamplands of prostitution and promiscuity are the brothels, disreputable taverns, loose dance halls, and other establishments that exploit the weak and unprotected. Nor are the venereal diseases the only social ills that breed in these stagnant places. They are the source also of juvenile delinquency, crime, corruption, personal and family deterioration.

Social engineering of the most complex and integrated character is required. Avarice, ignorance, and weakness must be dealt with. Experience has proven that this cannot be handled alone as a health program, a law enforcement program, a welfare or an educational program. It can be handled as a coordinate program of all four led by the executive of State or local government and supported by business, labor, religious, educational, professional, and trade groups. This has been proven during the war years.

What follows tells briefly of the progress already made, the problems now facing us, and the important ways in which the social protection program provided for in this bill can aid in solving these problems.

WATSON B. MILLER, *Administrator.*

NOTES

1. Comments are made in this statement about what social protection representatives can do in aiding local communities. It should, however, be understood that such service to communities is carried on with the approval of appropriate State officials.

2. The percentages used are based on 476 community reports made by social protection representatives during November and December 1945. Although this is less than half of the total number of communities in which representatives worked during the past year, it provides a large enough sampling to indicate conditions throughout the country. Percentage figures are used instead of actual figures because the information was incomplete for some communities and some agencies, particularly juvenile courts, did not exist in every area.

SOCIAL PROTECTION DURING THE WAR

During the past 5 years the Social Protection Division, in keeping with its eight point agreement with the Army, Navy, Public Health Service, and American Social Hygiene Association, has carried on, as a first responsibility, an aggressive program of repression of prostitution. During the war years, attention has been particularly focused on communities adjacent to military and naval establishments.

The success of this program has exceeded all expectations. Over 700 communities have abolished tolerated houses of prostitution. Recommended policies of law enforcement in the prevention of prostitution and juvenile delinquency, the use of policewomen, approved standards of detention facilities, which were developed in cooperation with law enforcement officials, are being widely adopted throughout the country.

As venereal disease infections from professional prostitutes were reduced, with the closing of red light districts, the promiscuous pick-up or amateur became the main source of infection, and emphasis was then placed on protective policing by police officers and policewomen to prevent street and tavern pick-ups, and on

self-policing by hotels, tavern owners, taxicab companies, and dance halls. In this effort the active support of hotel and tavern associations, beer and liquor industries, was secured both nationally and locally, and also the assistance of State liquor commissions.

The Surgeons General of the Army, Navy, and U. S. Public Health Service have all given generous credit to the Social Protection Division's repression program and have recognized that this was an important factor in achieving the lowest wartime VD rate of any military force in any country. Statistics prove that whenever prostitution was repressed, there was a rapid reduction in the number of military infections in nearby camps and also in the number of reported infections of civilian personnel. Another effect, according to chiefs of police and crime reports is that the repression of prostitution likewise reduces the problems of juvenile delinquency and adult crimes, including, contrary to some forecasts, rape and other sex offenses.

As a second responsibility the Division was also charged with the responsibility of stimulating and aiding in the development of programs for the redirection of sexually delinquent girls. Progress in this field has been much slower than in the field of law enforcement and repression. However, social protection representatives have worked with appropriate local agencies in different parts of the country in developing methods and techniques of social treatment of sex delinquents and there are now enough successful demonstrations to indicate the possibility of measureable success in this effort and the importance of the extension of this type of service.

The third principal activity of the social protection staff has been to further cooperative working relationships between the police, courts, health and welfare agencies. The prevention of prostitution and the readjustment of its victims require not only competent professional service by each of these four types of agencies, but are also dependent upon well developed plans of cooperation in what *must* be a joint effort. During recent months, as part of their service to public officials, social protection representatives have placed particular emphasis upon encouraging this cooperation, and in approximately 200 cities social protection boards have been established as part of the city administrations to bring appropriate officials, agency executives, and key citizens together for the purpose of joint planning. The organization of such local boards is an important first step in the development of cooperative programs. It is, however, only a first step in this direction. Achieving cooperation among a number of individual agencies is an undertaking that requires months of committee work.

For some time it has been observed that the majority of infections among the armed forces are acquired during furlough, consequently in communities other than those adjoining camps. As this situation has developed, the Social Protection Division has encouraged an extension of social protection programs to all communities and has worked for the organization of State social protection programs and the development of State staffs to reach many more areas throughout States. Such a program has been established in New Jersey and Georgia and is in process of development in a number of other States.

POSTWAR PROBLEMS AND HOW SOCIAL PROTECTION DIVISION CAN AID IN MEETING THESE PROBLEMS

Following World War I, there was a resurgence of commercialized vice and venereal disease reached epidemic proportions. Current trends in vice and venereal disease indicate that the country again faces the danger of similar developments. Under each of the following headings the statement of problems is followed by a brief discussion of what a continued social protection program could do about them.

Threatened return of prostitution.
Promiscuity.
Redirection of sex delinquents.
Interagency cooperation.

Prostitution and the courts.
Juvenile delinquency.
Venereal disease.

In addition to the specific problems and services, there is also discussion of some of the national relationships of the Social Protection Division.

National committees.

Army and Navy.

Social Protection Division and U. S. Public Health Service.

During the war social protection activities have been concentrated in areas adjacent to military and naval establishments. This has been due to the terms of its charge under the interdepartmental agreement, as well as to limitations of staff and time. Inasmuch as 60 percent of all military infections are now acquired during leave, this policy does not even provide protection for the armed services. There are many areas still unworked that need assistance.

Vice operators in many communities recognizing that the Social Protection Division of the Federal Security Agency was set up on a war basis have been confidently awaiting the end of the emergency period. The social and economic maladjustments of the postwar period are already producing an increase in venereal disease, delinquency, and a return of commercial prostitution. The most effective national and local effort will be required to check these increases. In all too many areas there exists only a half formed desire to "do something." Too many citizens see only the outward manifestations in juvenile delinquency reports and health department morbidity statistics.

The Social Protection Division should continue to provide communities with the impetus, the technical knowledge and guidance in combatting these conditions. Their correction is necessary to our national welfare. The next few years will determine whether wartime advances are to be retained and extended or whether the gains resulting from expenditures of time, effort and money of Federal, State, and local governments and private individuals and organizations are to be lost.

THREATENED RETURN OF PROSTITUTION

The problems

Former vice interests and operators of houses of prostitution counting on a general let-down in community morale and cessation of Federal concern are confidently expecting again to reopen their houses. In most communities they have retained titles or leases on the properties in which they formerly did business. Some communities have already witnessed a return of commercialized prostitution. In some communities, on the other hand, the social customs and the determination of public and civic leaders apparently preclude such retrogression. However, in the vast majority of communities the decision now hangs in the balance. Without continued support and assistance of the Federal Government, local officials may well succumb to the pressures of organized vice which has a big financial stake for which to fight. This analysis of the situation based on the reports of social protection representatives is confirmed by the following letter recently received by the Administrator of the Federal Security Agency from the American Social Hygiene Association:

DEAR MR. MILLER: As you know, the American Social Hygiene Association has, during the war and at the special request of the Army, Navy, Public Health Service, and the Federal Security Agency, intensified and greatly expanded its regular field studies of prostitution conditions throughout the United States to include especially those communities near which any branch of the armed forces was stationed.

These studies were used by the field agents of the Social Protection Division of your Agency in cooperation with State and local authorities to reduce commercial prostitution in these areas to the lowest minimum it has ever reached.

This achievement was reflected in correspondingly low rates of disorder and infection with the venereal diseases among soldiers and sailors throughout the United States. Since VE-day, however, our field investigations show conditions which indicate an increasing relaxation of efforts by many local communities to maintain this splendid record. Our studies indicate also that the main reason for this relaxation of effort is that many of these communities have looked upon the repression of prostitution as an activity which the Federal Government had promoted as a war measure which it would surely abandon at war's end—an example which these local communities feel they would be justified in following.

Most of these communities would undoubtedly revive and continue their efforts to deal with this problem if the Federal Government gave any clear indication that it still desired such action and would cooperate in carrying it out.

We hope very much, therefore, that the Congress will see fit to appropriate the necessary funds to enable the Social Protection Division to discharge this Federal cooperative responsibility and also to continue some legislation similar in principle to the May Act.

In many cities there is evidence that operators and facilitators confidently plan to reopen their houses, but in a substantial proportion of these places present officials and/or community forces are determined to prevent such action. These are the cities in which the question of such places remaining closed or again actively operating hangs in the balance.

The association has recently made an analysis of 181 cities in or near which commercialized prostitution had been easily accessible sometime within the 2 year's period prior to the war. During the war nearly all of these cities improved these conditions substantially with the cooperation of the Federal Government. As of December 4, 1945, however, commercialized prostitution had again become easily accessible in 50 of these cities.

Sincerely yours,

BASCOM JOHNSON,

Director, Division of Legal and Protective Measures.

The postwar planning report of the International Association of Chiefs of Police, states in part: "There is every reason to believe that the racketeers and gangsters who controlled the prostitution racket before the war are also making postwar plans to renew their activities. We must resist this movement with every resource at our command and enlist the support of our decent citizens in the fight to keep this racket from again spreading over the country and carrying with it disease and corruption. Police chiefs who take a firm stand on this subject will retain their self-respect and win the gratitude of the mothers and fathers of the Nation."

In the last few years the active support of repression has been secured from 92 percent of the police chiefs of America. Valuable assistance has been provided in the improvement of methods and techniques. Mayors and chiefs of police, however, state frankly that continued repression depends upon active citizen support. Too many citizens still believe that prostitution is a necessary evil that can be made safe through medical inspection. They fail to recognize that it is, as stated by the International Association of Chiefs of Police, "A filthy, corrupting racket." The American Medical Association describes medical inspection of prostitutes as untrustworthy and inefficient and describes physicians who provide certificates as violating the principles of accepted medical practice.

In asking the Social Protection Division to create and keep active a permanent Social Protection Committee, the chief of the vice squad in Houston where service had been withdrawn because of the reduced Social Protection staff said:

"The shysters, the pimps, the madams, prostitutes, promoters, shady real-estate owners, and the whole rotten gang, plus their so-called respectable front men, are the only ones we hear from. The decent public doesn't know we exist, and all the pressure we get is from the underworld."

What the Social Protection Division can do

Representatives of the Social Protection Division work continuously with police chiefs, sheriffs, and city officials in urging strong continued repression programs. They help to improve methods of law enforcement, protective policing, detention of both adults and juveniles, and the use of policewomen. Successful procedures developed in one community are rapidly made available to other police departments.

Through printed material and meetings of field representatives with civic leaders, service clubs, and community groups, an appreciation of the dangers and costs of prostitution is developed, together with citizen support of strong law enforcement. During the war such activity has caused many communities to change established customs and methods. This work needs to be continued and extended.

In 1941 the Social Protection Division appointed a National Advisory Police Committee composed of leaders among police chiefs and sheriffs. This committee

has been continuously active and has cooperated with the Division in the preparation of the manuals, *Techniques of Law Enforcement Against Prostitution*, *Techniques of Law Enforcement in the Treatment of Juveniles* and the *Prevention of Juvenile Delinquency*, *Recommendations on Standards for Detention of Juveniles and Adults*, and *Techniques of Law Enforcement in the use of Policewomen with Special Reference to Social Protection*, which have been widely accepted and used by police departments, schools and universities. Members of the committee have been consistently valuable in supporting sound law enforcement practices in social protection and in securing the cooperation of chiefs of police in the repression program.

The Division should continue to work actively with the members of this Committee as an important aid in maintaining police cooperation in the retention of wartime gains.

PROMISCUITY

The problems

With the widespread repression of organized prostitution, the promiscuous girl or "pick-up" has become the main source of infection. Reports from individual communities provide overwhelming evidence that closing of houses of prostitution has not resulted in an increase in promiscuous contacts. However, elimination of what was formerly the main source of venereal disease infection has made the effects and extent of promiscuity more apparent.

What the Social Protection Division can do

Field representatives encourage programs of protective policing especially through the use of policewomen which are now employed by 27 percent of the police departments. Particular attention is devoted to places of employment which violate age, wage and hour laws, to taverns which permit patronage by minors or hire them as waitresses, and to public or "taxi" dance halls.

In correcting many of these conditions the cooperation of State liquor commissioners is secured. Although bars and taverns are responsible for 50 to 60 percent of contacts leading to venereal disease, it is always found that all of these contacts originate in a very few bars, usually about 5 percent of the total number. Representatives find that the organization of self-policing committees of taverns and hotel owners has been an effective means of dealing with the offending minority. Such self-policing programs have already been established in 37 percent of the communities and should be extended to the balance.

Nationally the Social Protection Division has cooperated with the National Advisory Police Committee in preparing a manual, *Techniques of Law Enforcement in the Use of Policewomen with Special Reference to Social Protection*. This has helped to create an increased demand for qualified policewomen. Copies of this manual have been requested by many universities considering the development of training courses and institutes and by United States Employment Service offices as a guide in vocational advising. The current problem is the dearth of trained personnel and the Division plans to intensify its stimulation of training courses and institutes.

In promoting the improvement of conditions in taverns and hotels, the Division has the whole-hearted cooperation of the brewers and distillers associations. The Conference of Alcoholic Beverages Industries, Inc., in its resolution of cooperation states:

"The Conference of Alcoholic Beverages Industries, Inc., is a trade association consisting of nine trade associations representing producers, distributors, and retailers. Among these member associations are the American Hotel Association and the National Tavern Association, whose members represent the principal agencies of retail services to the public. Another member, the Distilled Spirits Institute, represents the manufacturers. These associations and organizations are cooperating wholeheartedly with the conference in a national public relations program.

"The conference itself has organized industry committees in 46 States and the District of Columbia for the express purpose of contributing to the war effort and cooperating with public officials. Whenever required, meetings can be held on short notice to pledge cooperation of the industry in any constructive activity engaged in or suggested by the public officials."

REDIRECTION OF SEX DELINQUENTS

The problems

Only by removing the sex delinquent from the treadmill of infection, cure, reinfection, can real progress be made in the reduction of venereal disease. The hardened prostitutes form the minority of those appearing in court on sex charges or at venereal disease clinics. Progress can be made only as sex delinquency is reduced and the young persons involved redirected so that they can live adjusted, productive lives free of venereal disease or exploitation. The hardened prostitute of today was a young first offender of a year or two or three years ago.

The first impetus pushing a young offender toward confirmed delinquency or normal living is her detention experience. Two-thirds of the communities do not have facilities that can be classified as "good" by even the minimum standards capable of immediate attainment recommended by the Division's National Advisory Police Committee. Many of these jails are schools of crime. In some, young delinquents 15 to 19 are housed with depraved repeaters.

Case-by-case treatment by welfare or social agencies, based on the particular problem of the individual, offers one of the major tools in the redirection of sex delinquents, at least of the younger first offenders. However, in 70 percent of the communities welfare agencies are at present unready to provide this service or are not being called upon by the police and courts.

What the Social Protection Division can do

In a number of communities social protection representatives have helped to secure official action and citizen support for better detention facilities, or, when this was impossible due to war restrictions, for improved sanitation, food, segregation, and general administration. They encourage separate detention facilities for juveniles and the use of carefully selected and supervised boarding houses. In 57 percent of the cities such a boarding home program is in operation. As building material again becomes available increased emphasis should be placed on adequate and suitable facilities. Recommended Standards for Detention of Juveniles and Adults, compiled by the National Advisory Police Committee places special emphasis on steps that can now be taken to improve conditions, pending the providing of new facilities.

Social protection representatives have worked with local welfare agencies, both public and private, in inaugurating experimental programs of redirection. These experiments show that a substantial number of sex offenders can be redirected.

In several communities agencies or institutions have been created for this purpose, in others the functions of existing organizations have been expanded, while in still others agencies dealing with various aspects of the problem have been brought together in joint programs.

Representatives in working with local agencies encourage the adoption of those methods which have proven successful.

The Division is currently preparing a guide, *Social Treatment of Sex Delinquents*, based on the results of local programs. Leading psychiatrists and social workers are assisting in its preparation. During the coming year this publication and related material will be distributed through national private welfare organizations. Schools of social work will be encouraged and assisted in developing courses in this specialized field of case work.

INTER-AGENCY COOPERATION

The problems

One of the greatest blocks to a successful program for the control of prostitution and sex delinquency has been lack of cooperation among agencies working on different aspects of the problem. Lack of knowledge of the complete picture, traditional professional jealousies and natural inertia are still stumbling blocks to cooperative action in many areas.

Regardless of the skill of any one agency, a social protection program cannot be effective unless the courts, police, and health and welfare agencies work as a unit. It does no good to have police arrest prostitutes and have the courts conduct what amounts to an informal licensing program, through routine fines. It is only by studying each case that the courts can impose sentences based on the needs of the individual, and such sentences can be carried out only if there are available agencies and institutions ready and capable of providing therapeutic services. Not only are medical examinations for those arrested in suspicious circumstances important, but the police must be ready to cooperate in

locating contacts when proper health warrants have been issued. These are but a few outstanding examples of the kind of cooperation required.

The following analysis shows how much needs to be done in improving these working relationships:

Percent of cities in which police have a good working relationship with—

Health departments.....	53
Adult courts.....	61
Juvenile courts.....	41
Welfare agencies.....	18

Percent of cities in which health departments have a good working relationship with—

Police.....	53
Adult courts.....	41
Juvenile courts.....	40
Welfare agencies.....	40

Percent of cities in which adult courts have a good working relationship with—

Health departments.....	41
Police.....	61
Juvenile courts.....	42
Welfare agencies.....	12

Percent of cities in which juvenile courts have a good working relationship with—

Health departments.....	40
Police.....	41
Adult courts.....	42
Welfare agencies.....	52

Percent of cities in which welfare agencies have a good working relationship with—

Health departments.....	40
Adult courts.....	12
Police.....	18
Juvenile courts.....	52

What the Social Protection Division Can Do

As representatives of an impartial Federal Agency with a broad understanding of the total program, field men with the support of State officials concerned, are able to bring about an integration of separate public and private agencies. A most useful device is the creation of a mayor's committee or social protection board bringing together the directors of public and private agencies for joint planning. Such boards have been established in 200 communities. Those that have been in operation for some time have largely eliminated the problem of noncooperation. The reason that more boards have not been established for a longer period, is that during the early years of the war the social protection staff had to devote all of its time to the repression of organized prostitution. The organization of boards at this time is important to improve over-all programs and also to provide united support for the retention of gains already made in repression, redirection, and prevention.

PROSTITUTION AND THE COURTS

The problems

One of the most difficult problems in social protection has been the lack of uniformity in the court's treatment of sex delinquents. The best possible law-enforcement program can be largely nullified when the court simply imposes a routine fine and turns the prostitute loose to continue her activities. This constitutes simply an informal licensing program. Little is accomplished when a court suspends sentence of the promise of the prostitute to leave town. She simply passes on to the next community there to ply her trade and spread disease. In spite of intensive work with courts during the past four years and efforts to secure better legislation and satisfactory detention facilities, 41 percent of the courts still follow the system of routine fines.

All agencies cooperating in this program, The American Bar Association, The National Sheriffs' Association, The International Association of Chiefs of Police, the American Social Hygiene Association, and the Federal Government, although

pointing out the National significance of the venereal disease program, have emphasized the vital importance of local control. The courts have been asked, within the limitations of local law, to adopt the following policies:

1. That in all criminal matters the person be tried upon the basis of the offense charged without consideration of the presence or suspected presence of venereal disease; in order that there be no confusion between the commission of a crime and being a sick person suffering from a disease.

2. That the courts aid in reducing prostitution to a minimum by taking the profit out of the business by meting out to all persons who exploit women in prostitution and promiscuity, the third party interest, whether they be tavern operators, hotel employees, cab drivers, madams, or go-between, penalties sufficiently severe to discourage their continuance in these unhealthy and unpatriotic businesses; and where licensed establishments are involved, the revocation of their licenses be considered by the appropriate licensing agency.

3. That the system of small fines resulting in the "revolving-door-plan" be abolished and that maximum jail sentences be given the hardened prostitute.

4. That courts and police discontinue the practice of turning loose undesirable persons on condition they leave town. Instead, each community is asked to retain and properly dispose of such cases.

5. That probation of adequacy and quality be used in the cases of the young and early offender. Social agencies have demonstrated that a high percentage of these girls are subject to rehabilitation and redirection. The Seattle center has successfully redirected 75 percent of this group.

6. Upon conviction that the court consider a presentence study and impose sentence upon the basis of all known factors including presence or absence of infection.

7. That treatment be provided for infected persons sentenced to correctional institutions at the institution.

8. That arrangements for treatment and faithful attention to treatment be made conditions of probation.

In addition to the 41 percent of communities in which routine fines are still used, 20 percent of the courts still consider the existence of venereal disease in determining guilt.

What the Social Protection Division can do

In their work in local communities field representatives interpret to judges the importance of the total social protection program and the vital nature of the court's role. This work should be intensified.

The American Bar Association has had a wartime Committee on the Courts and Social Protection which has worked with the Division. At the annual meeting of the American Bar Association last December this Committee was reconstituted as a permanent committee. During the coming year it is planned to develop together with the Bar Association a guide for the use of courts as a companion piece to previously issued "Techniques."

JUVENILE DELINQUENCY

The problems

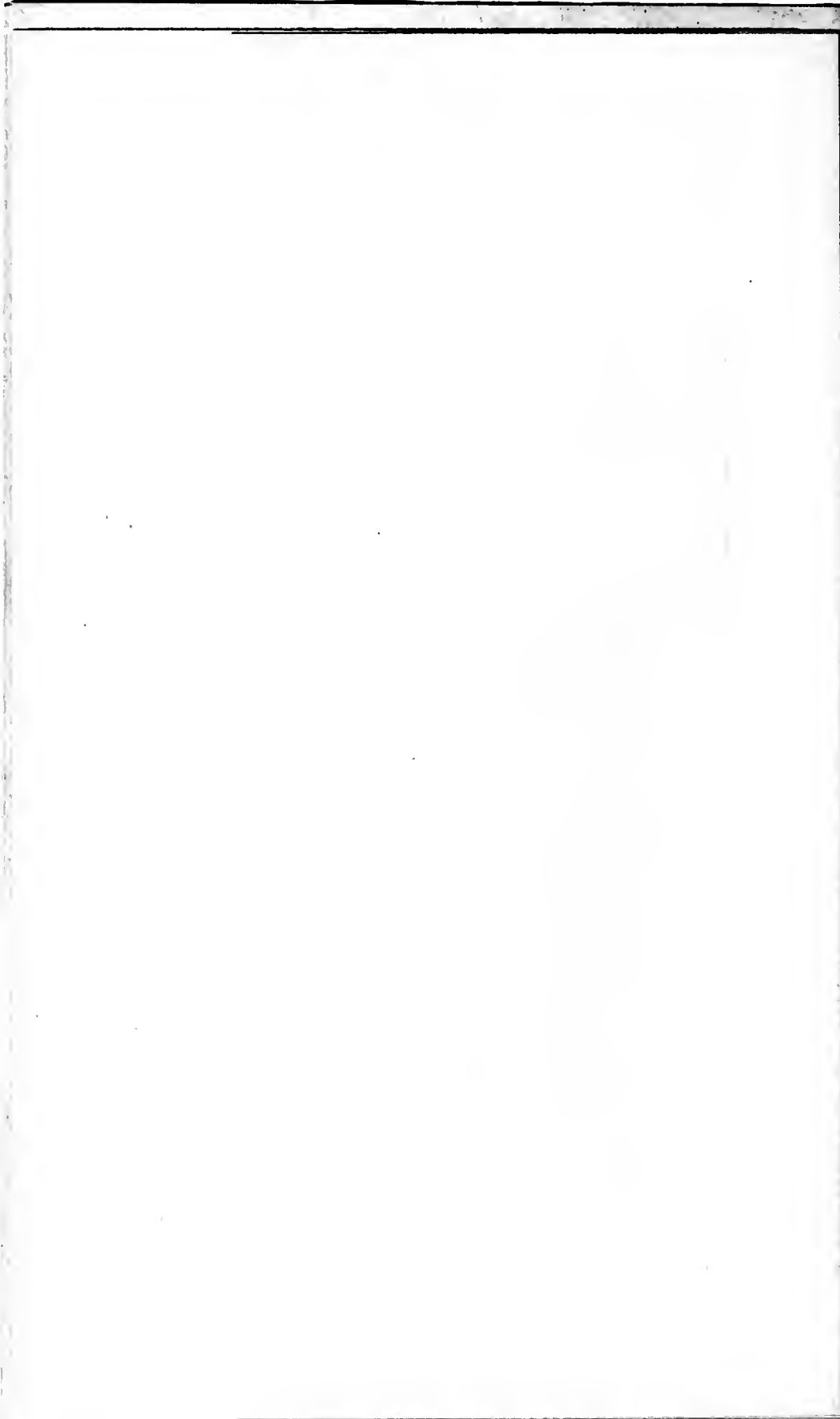
In large measure promiscuity is becoming a special type of juvenile delinquency. The average age of sex delinquents has been dropping and today many of those spreading venereal disease are of juvenile court age. Measures designed to reduce juvenile delinquency, that is, improvement of social conditions, recreation facilities and other services, will have an effect on the incidence of sexual delinquency. However, the battle against promiscuity and the redirection of young people before unsocial patterns become hardened, requires special emphasis and the cooperation of trade groups and agencies not usually included in juvenile delinquency programs.

Furthermore, the existence of prostitution encourages juvenile delinquency. Delinquency breeds in prostitution areas. Families do live next door to brothels. Children do see a sordid life that may look glamorous and profitable. Children run errands for prostitutes and procurers. Houses are constantly recruiting young girls as inmates and there are examples of free service to high-school boys as potential future customers.

What the Social Protection Division can do

Through continued war on organized prostitution, this contributing cause of juvenile delinquency can be substantially eliminated.





Hotels, taxi companies, liquor interests, taverns, civic clubs, and others who are enrolled together with official agencies in the fight against promiscuity can be encouraged to coordinate their efforts with community forces attacking juvenile delinquency on a broad front.

Nationally, the Social Protection Division cooperates with Federal agencies such as the Children's Bureau and bureaus of the Department of Justice and with voluntary agencies such as the National Probation Association and the General Federation of Womens Clubs, which are directly concerned with the control of juvenile delinquency.

VENEREAL DISEASE

The problems

The increase in venereal disease infections which all competent authorities predicted is already materializing. Postwar social and economic maladjustments are contributing factors. So are the millions of servicemen returning to civilian life from a controlled existence. These situations place a tremendous burden on community facilities in terms of disease tracing, treatment, and preventive work.

Although the medical treatment of venereal diseases has improved tremendously, the problem of reducing the source of infection is relatively untouched. The increasing number of reinfections is evidence of the need to reduce sex delinquency and redirect delinquents. Venereal disease is being recognized as a social problem with a medical aspect. Emphasis must be placed on preventive social treatment as well as curative medical treatment. To do otherwise is to ignore the source of infection of the disease.

What the Social Protection Division can do

All of the activities of the Division that decrease prostitution and promiscuity attack venereal disease at its source.

NATIONAL COMMITTEES

The Social Protection Division has the advantage of three important committees. (See attached chart for membership.) The National Advisory Police Committee serves as a technical advisory committee on all matters pertaining to law enforcement and self policing. The National Women's Advisory Committee brings to the Division the advice and recommendations of the important women's membership organizations of the country. The National Committee on Social Protection and Venereal Disease serves as a policy board and advises the Federal Security Administrator on all matters pertaining to social protection and venereal disease.

Through their State and local affiliates, members of these three committees can reach a substantial proportion of the urban population of America. Through communications and the dissemination of information they are able to bring support to sound local social-protection programs.

The continued active interest of the organizations represented on these committees is of utmost importance in fighting sex delinquency and venereal disease.

ARMY AND NAVY

The Social Protection Division carries out the responsibility of the Federal Security Administrator in regard to obligations accepted in 1940 in an Eight-Point Agreement with the Army, Navy, American Social Hygiene Association, and State and Territorial Health Officers.

No matter what final decision is reached about the size of the Army and Navy there will be substantial military installations in the United States for a considerable period. The Administrator of the Federal Security Agency will have a continuing responsibility for providing social-protection services as a safeguard for members of the armed services.

At a meeting of the interdepartmental committee (representatives of the Secretaries of War and Navy, the Attorney General, the Federal Security Administrator, and the chairman of the executive committee of the American Social Hygiene Association), held January 14, 1946, a revised draft of the eight-point agreement was prepared as follows:

EIGHT-POINT AGREEMENT—AN AGREEMENT BY THE FEDERAL SECURITY AGENCY, THE TREASURY, WAR AND NAVY DEPARTMENTS, AND STATE AND TERRITORIAL HEALTH OFFICERS ON MEASURES FOR THE CONTROL OF VENEREAL DISEASES

(A) It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the United States Public Health Service and the Social Protection Division of the Federal Security Agency, the United States Treasury Department, the United States Army, the United States Navy, and interested voluntary organizations.

(1) Early diagnosis and adequate treatment by the Army, Navy, and Coast Guard of military personnel infected with venereal diseases.

(2) Health departments will assure the adequacy of case finding, diagnostic treatment, and case-holding procedures for the civilian population.

(3) When authentic information can be obtained as to the probable source of venereal disease infection of military personnel, the facts will be reported by officers of the Army, Navy, or Coast Guard to State or local health authorities. If additional authentic information is available as to contacts had by infected military personnel during the communicable stage this should also be reported.

(4) All contacts of military personnel with infected civilians should be reported to appropriate officers of the Army, Navy, or Coast Guard by local or State health officers.

(5) Recalcitrant infected persons with venereal diseases should be forcibly isolated during the period of communicability. In civilian populations it is a duty of local health authorities to obtain any needed assistance of the local police authorities in enforcing such isolation.

(6) Opportunities for contacts with persons reasonably suspected of being infected with venereal disease should be decreased as far as possible. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State health departments, the United States Public Health Service, the Social Protection Division, the Army, Navy, and Coast Guard will cooperate with local police authorities in repressing prostitution. Local police departments should be provided with such information relative to places of procurement and exposure as is necessary to carrying out their responsibilities.

(7) An aggressive continuous program of education should be carried on both among military personnel and the civilian population regarding the dangers of venereal diseases, methods of preventing venereal infections, and the steps which should be taken if a person suspects that he is infected.

(8) State and Territorial health officers, the Federal Security Administration, the Treasury Department, the Army and Navy all desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

SOCIAL PROTECTION DIVISION AND UNITED STATES PUBLIC HEALTH SERVICE

Many friends of social protection have asked why this program with its marked influence on venereal disease rates should not be operated by the United States Public Health Service. This matter has been thoroughly considered by the Administrator of the Federal Security Agency, the Surgeon General of the United States Public Health Service and members of their staffs. The attached correspondence between Mr. Watson B. Miller and Dr. Thomas Parran summarizes the opinions of all those who have been closely identified with the work. The attached chart shows how the Social Protection Division of the Federal Security Agency and the Venereal Disease Division of the United States Public Health Service work together.

FEDERAL SECURITY AGENCY,
Washington, D. C., December 7, 1945.

Dr. THOMAS PARRAN,
Surgeon General, United States Public Health Service,
Washington, D. C.

DEAR DR. PARRAN: I know that you agree with me about the importance of continuing social protection activities in the postwar period, and as I have advised you, I am requesting an appropriation for this purpose for 1947. When this appropriation comes up for consideration I am confident that some of those

having a sympathetic interest in both the Public Health Service and social protection will raise the question as to the possibility of transferring this function to the Public Health Service.

This is a matter to which you have given considerable thought and I would appreciate your comments as to the desirability of such a transfer.

Sincerely yours,

WATSON B. MILLER, *Administrator.*

FEDERAL SECURITY AGENCY,
U. S. PUBLIC HEALTH SERVICE,
Washington 14, D. C., December 17, 1945.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency, Washington, D. C.

DEAR MR. MILLER: This is in reply to your letter of December 7 asking my opinion as to whether the social protection program could be carried on as a part of the Public Health Service.

Any program so closely related to the public health could be operated by the Public Health Service, but it is my opinion that social protection activities would be more effective if conducted by an agency directly responsible to you. The spread of venereal disease is but one of many significant social problems caused by prostitution, promiscuity and the conditions which bring about these twin evils. There are many agencies in addition to health departments whose cooperation must be secured if prostitution and sex delinquency are to be prevented. The successful wartime experience of the social protection division indicates, for example, that police departments, jurists, welfare agencies, hotel and tavern owners, and liquor commissioners, must be dealt with constantly if the objectives of social protection are to be obtained. Aside from the fact that certain of the functions performed by social protection have not in the past been considered to be a normal public health activity, most State and local health departments are not staffed and equipped to add such varied and complex relationships to the responsibility of their already overworked staffs.

I hope you are successful in securing an appropriation for social protection for fiscal year 1947. Good evidence exists to indicate that the operators of the prostitution racket in scores of cities are merely biding their time until Federal State, and local governments relax the wartime policy and program of repression. Even without widespread prostitution and delinquency, the postwar venereal disease problem will be severe—with a recrudescence of prostitution the danger of increased incidence will be definitely greater.

Sincerely yours,

(S) THOMAS PARRAN, *Surgeon General.*

Mr. MILLER. In February I wrote a letter to all of the governors with respect to the social protection problem. The letter is now just a little over a month old but replies have already been received from thirty-odd governors or from their immediate associates, such as the commissioners of health, the governors' executive secretaries, and so on. These responses not only constitute a recognition of what the States are encountering in this field; but they also represent quite spontaneous, earnest demonstrations of their desire to receive our cooperation and our assistance. This cooperative endeavor builds upon relationships of mutual assistance between the central government and the State governments, and profits by our mutual experiences of pain and pleasure, our successes and failures.

The CHAIRMAN. Would you like to put a few sample replies from the States in the record?

Mr. MILLER. May I, please?

The CHAIRMAN. I think it would be helpful. (The letters referred to appear in the Appendix, Exhibit 2.)

Mr. MILLER. Finally I would like to say that this bill has been cleared with the Bureau of the Budget to make sure that it was in keeping with the President's program.

The CHAIRMAN. We think you very much, Mr. Miller, for coming. This bill is for the purpose of enabling the Government to help you to help the States carry out their State programs.

I believe the next witness is Charles P. Taft, chairman, National Venereal Disease and Social Protection Committee.

**TESTIMONY OF CHARLES P. TAFT, CHAIRMAN, NATIONAL VENE-
REAL DISEASE AND SOCIAL PROTECTION COMMITTEE**

Mr. TAFT. Mr. Chairman, I am very glad to have this opportunity to support this bill. From March of 1941 until November of '43 I was the director of Community War Services in the Federal Security Agency under Mr. McNutt. In March of 1941 when I undertook that task, the question was raised from a number of sources, and particularly from some of the reports of Miss Lenroot of the Children's Bureau, as to the situation with juveniles near the newly opening Army camps, especially in the South. A meeting was then held by the Public Health Service, the Children's Bureau, representatives of the Army and Navy Personnel Administration Divisions, and of the Department of Justice. In the last war, an operation to stimulate active law enforcement in connection with the problems of juvenile delinquency and prostitution had been operated under the Army, in what was known as the sanitary corps, and the question was whether that should be done again or what steps should be taken.

The discussion in that meeting came to the unanimous conclusion that an operation ought to be set up, but that it should be civilian, and that it should be in the Federal Security Agency under the general operation of which I was in charge. The social protection division was thus set up, and in September, Elliott Ness, who was then the Safety Director of Cleveland, took over as the director of that division.

I want to describe just briefly how the division operated, because I think it gives the whole tone to the request which is submitted to Congress in this bill. The first step in dealing with law enforcement was considered to be an approach to the police, which was unique in this field, I think. A committee was formed of representatives of the International Association of Chiefs of Police and other authorities, which was asked to look into the question of the techniques and methods of law enforcement in this field. As the result, a little pamphlet was published in 1943—it took a year's work to get it in the kind of shape that was satisfactory to everyone concerned—called "Law Enforcement Against Prostitution." It was put out by the Federal Security Agency but approved by the National Sheriffs' Association and the International Association of Chiefs of Police. When these recommendations, agreed on by everyone concerned, including the Army and Navy and the Public Health Service, go into a community, they go with the backing and endorsement of the principal professional organization in the law enforcement field.

As a result of that beginning, a number of other problems very rapidly developed. The interest of the Army and the Navy and the Federal Security Agency, with local law enforcement officials using the material that had been prepared in this way, led to a fairly rapid closing down of the professional operations of prostitution.

But very quickly there developed a problem that was even more puzzling in a good many ways, and that was the youngsters who flocked around the camps, and who became, almost inevitably, promiscuous. That raised other kinds of police problems which were also covered in some of the material that was put out, and it raised the entire question of what to do with them when you arrest them.

The next piece of literature prepared was therefore a small booklet advising the police how to handle juveniles and juvenile delinquency. This was handled by a subcommittee of the National Advisory Police Committee on Social Protection, so that again the people who were professionally related to the technical problems of handling this situation in the local communities were the ones responsible for this material, and the Federal Government was able to bring together all the different viewpoints, prepare the literature, and then make it available. It wasn't in the position of attempting to enforce the law itself. It was in the position of preparing the kind of material that made effective law enforcement possible and established a general standard of operation for local police departments, local welfare departments, and others that were directly related to the problem in the community.

Beyond that, communities found that the jails were one of their very serious difficulties. There had been reports in the past of the utter deterioration of most local jails, and that required, again, the establishment of standards against which a local program could be measured. Another Subcommittee—on Detention—of the National Advisory Police Committee was set up with, for instance, the sheriff of Port Huron, Mich., president of the National Sheriffs' Association at that time, Sheriff Anderson of Greeley, Colo., Sheriff Caple of Little Rock, Ark., Charles Hahn, who is the executive secretary of the National Sheriffs' Association, Chief Roff of Morristown, and others, who worked on the standards for detaining juveniles and adults.

In these publications the material is brought together, it is reviewed, carefully checked with any other national organizations, public or private, that would be concerned. It is then put out as a thoroughly acceptable standard for local operations.

During all of this period, it became obvious that the experience of some of the cities, such as Detroit and Washington, in setting up a policewomen's division, should spread further. That involved both arrangements for schooling for policewomen and for officers who might train policewomen in local communities, and also some sort of manual for their own methods of operation in a community. Similarly, a committee of experienced policewomen, which included Commissioner Hutzel of Detroit, Captain Milliken of Washington, and others who had had long experience in this field, prepared the first draft of a pamphlet on "Law Enforcement in the Use of Policewomen with Special Reference to Social Protection." That was then checked with a number of private and public organizations, such as the Children's Bureau, which had specialized in that field, and various others who were interested in youth work and work against delinquency; finally it was submitted to a special subcommittee of the National Police Advisory Committee, so that when it came out, it was an authoritative statement as to how to set up a division of police-

women, which police departments all over the country are extremely anxious to have.

I have gone into some detail because it is important as showing what kind of division you are seeking to set up. It isn't a division which is going to go into a community, use the big stick, or attempt to administer law enforcement itself. It is a division which recognizes that the responsibility rests squarely on local officials, local public and private agencies who have that responsibility, who are eager to get full information, full training manuals, all the kinds of advice which they can get, and then apply them themselves in their own local community. When the bill says, for instance, "by means of technical and professional advisory services," that is not just a set of words. That is a very practical kind of necessary advice and training which is exemplified by these four little booklets that have been put out between 1943 and 1945, by people who are thoroughly skilled from the professional standpoint in the kind of thing that they are talking about.

At the beginning, there were only a few States which had State police forces, so that in nearly all communities near camps, or communities which were war industry boom towns, there was no State agency through which you could deal—at least, none which was operating fully and prepared to take the responsibility for stimulating proper action locally. In many cases it was necessary to go directly to the local police department or the local sheriff. There was always an approach to the governor, I would say always to the attorney general, but there, again, they were not dealing with local law enforcement, as a rule. We had a great deal of help from those State police departments that were in operation, as, for instance, Don Leonard of Michigan, Don Stiver of Indiana, and Chief Kelly of the Rhode Island State Police, who were very active in the National Association and who were most helpful in this entire program. But in many of these States, especially in the isolated powder plant areas and in the camps which were located in rather distant points in various parts of both the South and the North, it was necessary to go to the local communities. Nevertheless, the field organization was always attempting to set up some sort of State body which could then assume responsibility on a State basis for its own job.

There have been organized in a number of States committees which include both Government officials and private organizations, and they are assuming the responsibility for building up State leadership in tackling these State problems.

I said a moment ago that the closing down of the red light districts had been carried out pretty generally. That was true during the war. It was done frequently under circumstances where the local officials wanted to do it but where up to the time of the war, there had not been sufficient public opinion back of them so that they felt they could risk their necks, because that is what it amounted to. With the backing of the social protection division and the citizens' committees which it assisted in organizing locally, many of these officials were able to establish a policy which they were in favor of all the way along but for which they had not previously had adequate public backing. There are two of them here today, and I think in justice to them that I should say what they cannot say,—that they both did an outstanding job—Mayor Cain of Tacoma, and Commis-

sioner Anderson of San Antonio. Those are the type of local public officials who wanted to do this job, but who just didn't have the public backing until it was organized on a national basis and standards of the kind that I have referred to were laid down by official professional bodies.

Now that the war is over, the pressure from the Army and Navy is inevitably going to decline, and probably stop to a considerable degree, depending on the size of the camps and their geographical extent. But as was indicated in the Chairman's statement, a very large part of the infections come at home on leave, or on the way between camps, so that the area next to the camp is not so important. Every city in the United States is, in effect, a source of infection.

Under those circumstances, I feel very strongly myself that for the Federal Government to withdraw its moral support and its technical and advisory services at this stage would be running out on a lot of conscientious public officials who are more than anxious to have this kind of moral support. The very fact that you have their support is proof of what I said a moment ago—this is not a case of the Federal Government's attempting to do something that is the local government's responsibility, but it is a case where the Federal Government is giving the kind of leadership, establishing the kind of standards, and giving the sort of public support which it seems to me is its proper function.

There is now a problem which creates a lot of difficulty. When we started in on this, while we were intensely interested in all of the moral issues that were involved—protection of family life and all the rest of them, to say nothing of all the young men who were going into the Army—we felt that it was not necessary for us to attempt to sell the people who were already convinced of the moral issues. The people we had to sell were the hard-boiled people who had always assumed that this was just nonsense. We hammered very hard on the health argument and on the necessity for handling this thing as a public health measure, with the police backing it up 100 percent, and we succeeded on that basis.

Now, fortunately or unfortunately, penicillin cures gonorrhea in 2 or 3 hours, and syphilis in 2 or 3 days. It is true that there are probably 5 to 10 percent who do not yield to that treatment, but when 90 percent do—well, the doctors will tell you a little more about this—but the general public impression is that neither gonorrhea or syphilis is longer a serious disease. Under those circumstances, your health argument becomes much more difficult and you are driven more and more to emphasizing all of the social and family consequences of prostitution and to pound on the kind of rackets and unfortunate similar situations that develop if it is permitted to grow. Under those circumstances, it is all the more important that the Federal Government should give backing to those in local communities who feel that they must do this, but find that without adequate public understanding and backing, they are just stuck. They are out unless they can establish with their community the necessity of continuing this program.

It is under those circumstances that this bill has been introduced, and I want to leave with the committee the strongest support that I can for its approval and passage.

I would only add one thing. The advisory committee, of which I am the chairman, is in a sense a general committee that brings together all of the more technical groups that have been working on this material. It brings in the members of the women's committee. At one stage somebody said to us "Oh, you will never get the women to back this kind of operation," so we set up a women's advisory committee, which includes all of the leading women's organizations. Mrs. Ritchie was going to be here today. Whether she has been able to get here or not, I don't know. She was grounded some place around my city, I believe. She is chairman of the women's committee. The National Advisory Committee of which I am chairman brings together all of these citizens' groups and specialized subcommittees in a general backing of the program of the Federal Security Agency.

(The booklets referred to by Mr. Taft were filed with the committee.)

The CHAIRMAN. Mr. Taft, we not only thank you for coming here today and for the fine statement you have made, but you are deserving of the thanks of the country for the special job you did during the war. We hope you can continue your good work. Thank you very much.

The first panel is P. L. Anderson, director, Department of Public Safety, San Antonio, Tex.; Mayor Harry P. Cain, Tacoma, Wash.; and Charles J. Hahn, secretary, International Sheriff's Association. Will you gentlemen kindly come up, please?

Mr. Anderson, we have your name first on the list here. We will be glad to hear your testimony.

TESTIMONY OF P. L. ANDERSON, DIRECTOR, DEPARTMENT OF PUBLIC SAFETY, SAN ANTONIO, TEX.

Mr. ANDERSON. Thank you. I want to thank the committee for the opportunity of being here. I am struck with the presentation of Mr. Taft in reference to the vice situation in these local communities, and while he was delivering his findings, the thought occurred to me, Mr. Chairman, that vice has never recognized a State boundary, and that is one of the prime reasons why this bill, as I see it, must necessarily pass.

Practically every police department needs support beyond its own resources if it is to carry on a successful repression program. This assistance should come from local as well as from State and national agencies. The average police department has neither the time nor funds to secure the trained technicians necessary under present-day conditions. We all work under fixed budgets, and sometimes they are very fixed.

We found in our repression activities that arresting women and bringing them into court, whence they later returned to the street without a penny, made them fair prey for pimps, panders, and the first man who could pay their room rent. Conceding that a job might soon be available to a girl, she still needs assistance for a week or two. This seems to be the critical period which determines the first offender's later career. Without this assistance, the homeless and friendless girl will usually accept the course of least resistance and go downstream.

It is somebody's responsibility to see that these girls are given a break if we hope to make progress on this problem and save thousands of unfortunate girls from lives of prostitution. I consider this a challenge which many local communities have failed to meet.

The Social Protection Division aided us in initiating a repression program. It stayed with us when the going got tough, helped organize a working committee which was representative of the community-wide interests, including churches, schools, social agencies, local health departments, our own police department, labor, industry, and so forth, and provided services adequate to handle the job. That committee is still in existence and I would certainly hate to see it dissolved.

Plans made now are being carried out which brought wholesome results in the prevention of promiscuity, the repression of commercialized prostitution, and the redirection and rehabilitation of those already involved. It would have been almost impossible for us to have succeeded in our program without the assistance of the trained workers of the Social Protection Division, and it is now equally essential that we have their continued assistance if we hope to hold and extend the gains made.

If under the order or the law which created this Division "seven league" advances had been made in the repression of prostitution—and the records shows that venereal disease rates have been sharply reduced—then this was a good wartime program. We have been told that we won the war, and I believe that a continuation of this program will better enable us to enjoy the peace. I want to say that as far as this Social Protection Division is concerned, I think it has done and is doing a most splendid job.

I have here a letter from the International Association of Chiefs of Police which I want to introduce and put in the record, please.

The CHAIRMAN. It will be received, Mr. Commissioner, and thank you very much for coming all the way here and giving your encouragement and support to this measure.

(The letter from the International Association of Chiefs of Police follows:)

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE (INC.),
Detroit 19, March 6, 1945.

HON. CLAUDE PEPPER,
*Chairman, Subcommittee on Health and Education,
 United States Senate, Washington, D. C.*

MY DEAR SENATOR PEPPER: Chief Fred A. Roff of Morristown, N. J., president of the International Association of Chiefs of Police, has forwarded to me your letter of February 28, directed to him concerning the hearing to be held on the social protection bill, S. 1779, March 9, before your subcommittee. President Roff regrets very much his inability to appear before your committee and has asked me, as chairman of the legislative committee, to express to you the position of the International Association of Chiefs of Police with respect to this important legislation.

During the war, our association worked very closely with the Social Protection Division of the Federal Security Agency in the development of techniques of law enforcement against prostitution. One of the outstanding services rendered by this Division was the bringing together of leaders in the law enforcement field throughout the country, which resulted in the formulation of a definite program based on actual experience of local police departments in the control of prostitution. Without the sponsorship of an agency of the Federal Government, State and local chiefs of police would have had no opportunity of getting together to discuss this problem which was so vital to the protection of members of the armed forces and industrial workers.

We feel very definitely that the evils of prostitution and the requirements for rigid police and health control do not pass with the ending of hostilities, and that safeguarding the health of the Nation and curbing juvenile delinquency remain major problems. The continued support of the Social Protection Division of the Federal Security Agency is essential to local law enforcement authorities in eliminating organized prostitution in their communities.

In our opinion, there is no question of the obligation of the Federal Government in providing much needed assistance and guidance to local law enforcement agencies and in furthering cooperation among police, welfare, and other public and private groups within communities in preventing prostitution and in the furtherance of programs to eliminate conditions contributing to sex delinquency. We are unequivocally in favor of the provisions of S. 1779 and urge favorable action on the part of your committee.

Very truly yours,

[S] Donald S. Leonard,
Capt. DONALD S. LEONARD,
Chairman, Legislative Committee.

The CHAIRMAN. Mayor Harry P. Cain, of Tacoma, Wash.

TESTIMONY OF HARRY P. CAIN, MAYOR OF TACOMA, WASH.

Mayor CAIN. Mr. Chairman, I would like to generalize for just a minute about the Social Protection Division, and then make several points with reference to a thing that all of us are tremendously interested in, namely, the repression of commercialized prostitution.

The Social Protection Division has helped to unify the conscience and strength of American communities. It has helped to bring together those public and private agencies which in years gone by have been unaccustomed to working together. For a good many decades in America, we have concerned ourselves as a unified Nation in the fields of cancer and tuberculosis, and goodness knows what, but it was only with the beginning of the war that we found any semblance of unity in America with reference to America's blood stream as affected by syphilis and gonorrhea.

There is, to my mind, a growing recognition throughout America that war against commercialized vice must be and is perpetual, and that the unwillingness of any single community to assume its responsibility creates an unfair and unhealthy burden on those American cities which are conscious of the imperative necessity for improving the American character and blood stream. This recognition has caused, in my part of the country, the Northwest section, most communities to welcome participation in local programs by the Social Protection Division of the Federal Security Agency. I think it is likely, Mr. Chairman, that in due time, American communities and States will not find it necessary to ask for and solicit help from the Federal Government in the fields under discussion, but in my opinion as one who works with this and similar problems, that time has by no means been reached.

The third generalization is that the Social Protection Division provides for us in American communities suggested methods which have proven themselves worth while and workable in other communities and under similar circumstances and conditions. As the mayor of a typical American city, I must admit that our city and every other city could pick up from books most of what these gentlemen of the Federal level have come so far out of their way to bring to us, but, unfortunately, it just doesn't work that way. It is as a result of procedures recommended in very recent years by the Federal Government and as the result of Federal encouragement, that, using my city of Tacoma as a mere example, we first had a mayor's committee on repression of commercialized prostitution. Such a committee, which obviously should have been in existence for years but wasn't,

came into existence and did fine work because of that grand relationship which was rapidly achieved by the Federal Government with the States and with local communities.

In due time—in fact, just recently, since the war—this work resulted in the creation of a social hygiene association and what we call the Tacoma Service Committee. It brings together the police, health, and welfare authorities and other public and private operating agencies into a coordinated program. These authorities are aided and assisted by able agents of the military establishments in our area, of which we have Coast Guard, Navy, Army, and Marines. In other communities such an organization is often called a social protection board.

The fourth generalization—and this, I think, is in support of part of what Mr. Taft had in mind—is that the Social Protection Division has helped tremendously to offset and to uncover pressures which never sleep in their campaigns to benefit from graft and corruption throughout America and to live off the flesh of others. The honest, sincere, courageous but very often harassed and worried public official, has been helped immeasurably by the support and assistance he has gotten from the disinterested, informed agents of the Social Protection Division. I think this is a singularly important service. Many times in the past I have seen those in public office who were desirous of sponsoring programs they knew to be good for America, but were unable to do so without help, because of misinformation or lack of knowledge on the part of the communities which they served.

The war, very happily from that point of view, was a tremendously effective force in America, which brought a recognition from outside our communities that these progressive steps must be taken.

With reference to the repression program itself, I have seven observations to make. They result entirely from what has happened not only in the city of Tacoma but throughout the Northwest country. Repression, which was in effect in no Northwest city prior to the war, has now put assembly line prostitution out of business. If you have repression, you don't have the assembly line prostitution, which was so conspicuous in Tacoma, and in San Antonio, Mr. Commissioner, and in so many other places.

Secondly, it has separated from his racket profits the middleman, the madam, the crooked policeman, the real estate shark, the procurer and all such persons.

Third, it has given the honest law enforcement officer—and 90 percent of them obviously are honest—new encouragement to enforce statutes which have been in existence for a long time. Citizens throughout our country are slowly beginning to understand and support true law enforcement partly as the result of the help in repression which we have gotten from the Federal Government.

Fourth, repression has resulted in treating the diseased prostitute as a human being rather than a chattel. We have learned by experience, and by suffering, too, that rehabilitation of those who have made mistakes, and serious mistakes in the past, can become a reality.

Fifth, it has removed influences and monuments to community ignorance and stupidity from the sight of American youngsters who generally assume that what they have seen and what they do in their

early years is both normal and proper—and that, Mr. Taft, is in support of your contention that there is a very deep moral issue at stake as well as a health one.

Sixth, repression has greatly reduced the volume of commercialized intercourse and raised the price. I would say, Mr. Chairman, in support of that contention (I don't know that Commissioner Anderson's experience has been the same), that in 1940 the average price, in fact, the top and almost the only price throughout the Northwest country was \$2 from a client to a prostitute. As a result of repression and having girls leave the houses that could be easily found, the average price being charged in Tacoma today (in these cases which we arrest and can discover what has been charged) has gone from \$2 to \$10 in the space of 5 short years. Perhaps there is inflation in that field too, sir.

Mr. ANDERSON. Our black market price is about \$20.

MAYOR CAIN. In addition to the \$10 rate now being charged, it is almost without exception necessary to employ a taxi, for you can't get to the places which now surreptitiously exist, except by taxi. The taxi driver who takes his clients to an existing house of prostitution does so in violation of the law, and knows it, and therefore he overcharges his client as much as he thinks he can get away with, in addition to which he generally sells him a pint of some sort of water called whiskey at a black market price.

Seventh, repression has importantly and without possible exception lowered the venereal disease rate, and this has been and will continue to be, as I remember it, the American objective. I should like to say in support of that contention—for this is a very practical example—that in 1940 Fort Lewis, which is just outside the city limits of Tacoma by some ten or 12 miles, had less than 10,000 soldiers. The rate of syphilis and gonorrhea among those 10,000 soldiers was ten times as high as the rate for that same military cantonment 2 years later when the number of soldiers had risen from 10,000 to 80,000. In 1940, the city of Tacoma, like most other uninformed American communities, thought it necessary, because it was a seaport town, to support and countenance commercialized vice, and had 35 houses of open prostitution. These were the assembly lines previously referred to. With my own eyes I have seen American soldiers standing, as many as 150 in line around a block, waiting to be served in those institutions which I am afraid American communities, without the help of the Federal Government, would have taken too long a time to recognize as being a blight on the face of this earth. When the rate among 80,000 soldiers went down to something less than two per hundred per year, it was because those 35 houses and their assembly lines had been put out of business. In the Northwest country we hope that they are out of business for good.

I am sturdily, sir, in support of this legislation, and I beseech merely your careful consideration of its merits. Thank you.

The CHAIRMAN. Mr. Mayor, we thank you very heartily for coming and for the statement you have made. We know of your good record in this field.

Mr. Charles J. Hahn, secretary of the National Sheriffs' Association.

TESTIMONY OF CHARLES J. HAHN, SECRETARY, THE NATIONAL SHERIFFS' ASSOCIATION

Mr. HAHN. When considering the feasibility of endorsing the continuation of the Social Protection Division, the Board of Governors of the National Sheriffs' Association gave serious thought to all phases of the division's activities during the war and its proposed program as a permanent peacetime agency.

The Nation's sheriffs heartily subscribe to decentralization of government and, generally speaking, are opposed to any increase in Federal or State bureaus which tend to take away from the people the right to local self-government.

This position of the sheriffs can be understood very readily as theirs is the only remaining law enforcement office for which the people have a right to express their preference through the ballot box.

Since the Social Protection Division is not in any sense a law enforcement division, the sheriffs, speaking through their national organization, approve this bill as now drafted.

The sheriffs are proud of their wartime record in the social protection program. We do not believe that the gains made in the fight on the venereal diseases should be lost simply because the war is over. The annual toll of life and suffering taken by these dreaded diseases far exceeds the Armed Services highest casualty rate during any year of the war.

The sheriff's responsibility in the social protection program is very clearly put forth in these two quotations from Combating Venereal Diseases by Hon. Robert W. Kenny, Attorney General of California:

1. Much effort in the National venereal diseases control program has concentrated within the cities, where there are large health staffs and police forces. This has caused many VD racketeers to move their operations to the outskirts of the city, or take over a small town hotel, tourist cabins or trailer camp * * * Upon some occasions it has been necessary for sheriffs to enforce the law in small cities because the local officers ignored it. When sheriffs have moved in they have not always received cooperation.

2. A chief of police is usually controlled in his efforts, however competent he may be, by police commissioners, a city council, or the mayor of a community. These elected officials insofar as they control public opinion direct the efforts of their appointed chief of police.

The district attorney and the sheriff, on the other hand, are accountable directly to their constituents.

Success, therefore, depends upon community enlightenment, under intelligent leadership which both supports and requires of its elected officials a vigorous and orderly enforcement of all measures for the protection of the health, safety and welfare of the public.

In connection with the latter statement, we know that every community gets just exactly the type of law enforcements it wants. We saw that demonstrated during the dark era of so-called prohibition. We see it in states and communities where open gambling flourishes either legally or illegally. In order to successfully prosecute the social protection program, all law enforcement officers must have the support of the people in their community. This requires education of the people to the hazards in prostitution—hazards both physical and moral.

The program of education is one of the functions, in fact, the principal function of the Social Protection Division. That is one of the reasons we advocate the continuation of the division.

More graft, corruption, crime and delinquency is born in the "red light" district of a community than in all other "bad spots" combined.

Why tolerate the continuation of these cesspools? The Social Protection Division has proved to be a potent factor in their elimination.

The Social Protection Division has an advisory committee composed of law enforcement officers. This committee has made an outstanding contribution to law enforcement. If, for no other reason, the National Sheriffs' Association would urge the continuation of the Social Protection Division in order to perpetuate this committee. This committee integrates the thinking of outstanding law enforcement officers, and its counsel and advice has proved helpful not only to the Social Protection Division, but to every man and woman in the United States who wears the badge of law enforcement.

The subcommittees on prevention and detention have proved extremely helpful to sheriffs.

Public apathy toward the problem of detention, particularly the detention of juveniles, weighs heavily upon sheriffs who are the chief custodial officers of their counties. Although all States have laws which prohibit, except under extreme circumstances, the detention of juveniles in adult jails, the fact remains that comparatively few communities have provided separate detention facilities for juveniles. Women's quarters in the average county jail are a disgrace to modern civilization, yet the sheriff is powerless to improve either of these two evils without the support of an enlightened public.

Since vigorous prosecution of the Social Protection program brought about the detention of thousands of women, both young and old, who were venereally infected, the matter of detention rightly became the concern of the Social Protection Division and the National Advisory Police Committee.

Through the combined efforts of both, a very valuable pamphlet has been published on the subject. It has had widespread distribution, and I am happy to say that important gains have been made in correcting these two evils in the local detention system.

The National Sheriff's Association heartily endorses the bill for the continuance of the Social Protection Division.

(Mr. Hahn submitted the following telegrams for the record:)

CHARLES J. HAHN, *Executive Secretary,*
National Sheriffs' Association,
644 Transportation Bldg.,
Washington, D. C.

As First Vice President of the National Sheriffs' Association I urge that the Social Protective Division be set up as a permanent agency. There is a growing need for this agency for the common good of all people. I urge you to use all the means at your command to voice my approval that this be a lasting agency.

GUS CAPLE, *Sheriff of Pulaski County.*

During the war a Social Protection Division did an outstanding service in combating venereal diseases and was a great benefit to Army and Navy personnel as well as civilians. It is the opinion of law enforcement officers that the Social Protection Division should be carried on as a permanent agency as this agency can do a great deal for civilians throughout the United States.

FERRIS E. LUCAS, *President,*
National Sheriffs' Association.

The CHAIRMAN. Mr. Hahn, we thank you very much for coming and giving us your testimony.

I regret very much that I am going to be deprived of hearing the direct statements of the members of the other two panels which are scheduled for today, but I have to attend another committee meeting where some executive work is being done. Senator Aiken, a member of our committee, has agreed to continue this hearing.

I do want to thank all of you most cordially for coming here and for helping us to progress this legislation.

Senator GEORGE. Mr. Chairman, I merely came by to evidence my continued interest in this legislation, and I am going to have to go, too.

The CHAIRMAN. Senator, we appreciate very much your honoring us with your presence here.

Senator Aiken will preside for the remainder of the hearing today. [Senator Aiken took the chair.] •

Senator AIKEN. We will continue hearing the witnesses scheduled for this morning. The next panel consists of Dr. Snow, Miss Pinney, and Dr. Kain. The first witness scheduled to be heard on this panel is Dr. Snow. Will you identify yourself for the record.

TESTIMONY OF WILLIAM F. SNOW, M. D., CHAIRMAN, EXECUTIVE COMMITTEE, AMERICAN SOCIAL HYGIENE ASSOCIATION

Dr. SNOW. William F. Snow, chairman of the Executive Association of the American Social Hygiene Association; and I am speaking for the board of directors of that association. Two other officers are present, Mr. Alan Johnstone and Mr. Bascom Johnson, who have asked to submit statements.

Mr. Chairman, the American Social Hygiene Association has long been in touch in its field of public health and welfare activities with the medical and public health leadership of the country, and with the legal, welfare, civic and church groups, and educational groups whose representatives are here in this room. Perhaps I should add that the Social Hygiene Association is one of the 12 member agencies of the National Health Council—they are all voluntary agencies—and is known amongst that group as the agency dealing with the venereal diseases. The association has come into close contact with Captain Miller and with all of the units of the Federal Government under his direction, such as the Public Health Service, as well as with the Children's Bureau and other agencies such as the Bureau of Prisons, which have a united interest in this subject of social protection.

At the Federal level, there is an interdepartmental committee, set up with the President's approval, by Governor McNutt at the beginning of the war, to discuss the interrelationships concerned with united action of the Federal Government's bureau in dealing with this whole problem that has been laid so clearly before us by the previous speakers.

I have had the privilege of serving as a citizen member of that interdepartmental committee, and I mention these things in order to say that I am confident that the few paragraphs I would like to read into the record express fairly well the general philosophy, if I may put it that way, which is in the minds of the American public in asking, through such spokesmen as we happen to be at the moment, for approval of this bill.

(Dr. Snow's prepared statement follows.)

Mr. Chairman and members of the committee, as chairman of the executive committee of the American Social Hygiene Association; I was glad to accept your invitation to speak for the bill (S. 1779) introduced by Senators Pepper, George, La Follette, and Taft.

There is urgent need to supplement the great advances in medical and public health control of the venereal diseases by equally important advances in repression of prostitution, and in the promotion of normal family life.

Everyone is familiar with the let-down in united action which follows wars. The excellent Federal social protection program which has been built up during recent years cannot now be abandoned without serious damage to the health and welfare of thousands of communities representative of every State and territory. Some of the witnesses today will give detailed facts and figures on activities, costs, and results of this work, which has already saved the Nation in lives, health, and family well-being many times the investment made in money and personnel services. Others will support their recommendations for continuing the Social Protection Division of the Federal Security Agency with equally convincing data. I want to comment on the reasons why the public health, social protection, and popular education phases of this complex problem must be carried along together.

It was to be expected that the physicians and health officers would first try out and get support for application of our expanding knowledge of how to diagnose and treat syphilis and gonorrhea. It is with great pride and sense of accomplishment that we can now point to the simplification and shortening of treatment to a matter of days instead of years; and health officers can demonstrate their increasing success in discovering cases early and persuading them to continue under treatment until cured. The fine record over the years of cooperation with the States at the request of their governors or other State and local officers is an excellent Federal-State-local example of parallel activities in the field of social welfare which we have under consideration today.

This being the current situation, it is natural that the people now are asking "why be content with finding cases and treating them?—why don't we prevent the spread of these infections, as we do in typhoid fever or smallpox or malaria?" The answer is that this can be done; but since syphilis and gonorrhea are human contact diseases for which we have no natural immunity and no methods of immunization, we must look to the individual for moral conduct and self-control of his sex life, and to the public for safeguarding communities against the promoters of prostitution and sexual promiscuity.

The public is rapidly coming to see that this whole antisocial business of the vice racketeers and their unscrupulous citizen profiteers must be fought with all the determination and resourcefulness that has characterized the professional and technical forces of medicine and public health in their advances. And, too, the public is realizing that the comparable forces for this job are the police, the courts, and welfare agencies concerned with delinquency and other problems of the social protection program. It is the fostering of this idea and the development of united action of Federal, State, and local governments that brings us before you as witnesses from all these representative voluntary groups and agencies to ask your approval of this bill, S. 1779.

Some of the witnesses have referred to the activities of the home and character-building agencies in relation to this social protection program. These are vitally important. They, too, demand development and expansion as rapidly as our parents and educators and our religious and other character-building agencies can devise ways and means for accomplishing this.

It is inevitable that the public is moving steadily toward a well-balanced joint campaign comprising three major divisions:

1. The constructive program for education and moral training, and that goes from the cradle to maturity as it may be fitted into our component parts of education and motivation of conduct, and particularly through home life.
2. The protective program for law and order and social welfare.
3. The health and medical program for conservation of national vitality.

At this hearing, there is little time for discussion of the many ways in which these three groups of agencies have supported each other, as did our heroic land, sea, and air forces during the war; but it should be pointed out that for

the past 6 years military, industrial, and rural areas of the United States concerned with the essential war activities have faced these serious emergencies of mental, moral, and physical dangers to marriage, parenthood, and successful family life; and in all this time the steadying and encouraging influence of the Federal Government's cooperation with the States and their subdivisions has been a vital force. This is the reason why there have been from all parts of the country so many letters and messages, and offers of individuals to come to Washington to testify in favor of continuing these technical and professional social protection services of the Federal Security Agency.

Dr. SNOW [continuing]. Mr. Chairman, I have read this because I have tried to reflect in it the points of view I have heard within the past year, expressed in various ways, by people who want this teamwork. They say, "We must have teamwork in this problem." It has been very clearly brought out by the other speakers, and I think I have nothing further to say.

Senator AIKEN. Thank you, Dr. Snow.

Next we will hear from Miss Pinney who is here in place of Mrs. Ritchie.

TESTIMONY OF MISS JEAN B. PINNEY, DIRECTOR, WASHINGTON LIAISON OFFICE, AMERICAN SOCIAL HYGIENE ASSOCIATION

Miss PINNEY. My name is Jean B. Pinney, and I am Director of the Washington Liaison Office of the American Social Hygiene Association. I am also a member of the National Women's Advisory Committee on Social Protection and am speaking here on behalf of Mrs. Horace B. Ritchie, the chairman of that committee, who is delayed. I am sure she is as sorry as we all are.

Senator AIKEN. And you are from Vermont?

Miss PINNEY. I am from Vermont; Morrisville, Vermont.

Senator AIKEN. Now having got that in the record, we may proceed.

Miss PINNEY. This statement, I think, represents what Mrs. Ritchie would have said, and also the views of members of this National Women's Advisory Committee, which Mr. Taft said comprises a large number of national women's organizations—33 of them, with a combined membership in their State and local branches of about 22,000,000 women. There are a number of representatives of these groups in the room. Besides Dr. Kain beside me, of the American Medical Women's Association, I see sitting in the audience, Mrs. Harvey W. Wiley, of the General Federation of Women's Clubs, Mrs. Theodore O. Wedel of the United Council of Church Women, Mrs. J. Austin Stone of the National Women's Trade Union League, and Mrs. Stanley G. Cook, of the National Congress of Parents and Teachers. There may be other members here with whom I am not personally acquainted.

This advisory committee has been working closely with the Social Protection Division for nearly 3 years, and we are thoroughly convinced of the value of the Federal social protection program and the need for its continuance.

The members of the committee have studied Senate Bill 1779, and we urge that the bill be enacted in its present form.

That prostitution should be repressed, goes without saying. That in order to accomplish this all available forces must be brought to

bear on this problem, is plain. However, I would like to state one reason for continuance of the Federal program which seems particularly important to our committee. Our members are deeply concerned by the increase in sex delinquency and sexual promiscuity during the war years, especially as apparently occurring among very young people. Recently the committee had presented to it a resolution which expressed our concern, and our hope that vigorous steps may be taken toward betterment of these conditions. I would like to read this resolution as recently adopted by one of the committee groups, the National Congress of Parents and Teachers:

Whereas the vitality of the Nation and the welfare of the communities are largely dependent upon the strength and soundness of marriage and family life; and

Whereas both these institutions are threatened by sexual promiscuity which has greatly increased during these wartime years of social dislocation; and

Whereas medical authorities have declared that it is conduct and not medication which lies at the core of the venereal disease problem; and

Whereas sound character training in childhood and youth is the major influence in the promotion of moral standards of sex conduct: therefore be it

Resolved, That the National Congress of Parents and Teachers urge its membership to take an active part in all community efforts designed to raise the standards of community life, to reinforce ethical sex conduct, and to provide suitable training, guidance, and protection for youth.

These principles have been reaffirmed through statements and resolutions by other of the national women's agencies, including the General Federation of Women's Clubs, the National Council of Negro Women, the National Council of Jewish Women, and a number of other important groups, and along with this statement these groups have also adopted special resolutions calling for the continuation of the Federal program of social protection as a strong factor in improving community conditions and protecting young people.

We have faith in our youth. We believe that we have a profound responsibility to them, especially to the young veterans of the war and the home front. We believe that one way in which these young people can be best assisted in the difficult adjustment through which they and all of us, now are passing is by reducing to the lowest possible minimum in community life the vice and disease which spring from prostitution. If we permit a revival of widespread commercialized prostitution, with the inevitable degradation of family life which accompanies this racket, we shall be shirking our responsibility both to youth and ourselves.

Women's organizations have been active in opposing commercialized prostitution for many years. We have continuously cooperated with repressive efforts, nationally and locally. During the last 5 years we have found in the Social Protection Division a new source of strength for securing community action. We believe this source should be maintained as a necessity in the encouragement of sound and wholesome family and community life.

Senator AIKEN. Thank you, Miss Pinney.

Is there any representative of the Federal Council of Churches here? (No response.)

Very well, we will proceed to hear from Dr. Kain. Will you tell us, Doctor, whom you are representing here today and identify yourself for the record?

**TESTIMONY OF HELEN GLADYS KAIN, M. D., AMERICAN
MEDICAL WOMEN'S ASSOCIATION**

Dr. KAIN. I am Dr. Gladys Kain, in active practice in Washington, D. C., doing gynecology and obstetrics, and I represent the American Medical Women's Association. And in case the chairman is interested, I was born in Washington, D. C., and have no vote. I can only come up here once in a while and tell Congress how things are.

Senator AIKEN. I know a good many people in Washington have taken out residence in Vermont and other States. We will be glad to admit Washington citizens any time, won't we, Miss Pinney?

Dr. KAIN. I would like to talk from two points of view. Miss Pinney has said many of the things that I know and believe, because I have been on this National Women's Advisory Committee since it was started. I was also one of a small committee of four or five persons who helped the Social Protection Division to write some of the first pamphlets that were put out. As a representative of a national agency, I cannot urge you too strongly to endorse this bill. We need the social protection services and medical women all over the country feel very keenly that the work done in the past few years has helped tremendously in all communities.

From the viewpoint of a physician practicing in our community here I know that Social Protection has helped immeasurably. For a long time I have helped every day with the venereal disease treatment work here. I did it privately before we had public funds to take care of it, and I am still doing it because many people do not wish to go to public clinics. If it were not for the cooperation that we in the medical profession get from other groups as represented here in the Sheriffs' Association, the Police Chiefs' Association, the Social Hygiene Association, and all the rest, we would be unable to accomplish much in this work. National agencies are needed to direct the work to make it function in a way that will be most beneficial to the communities. Unless we have national guidance this whole program will fall down. I urge you to pass this bill.

Senator AIKEN. I am sure, Dr. Kain, that your testimony as a practitioner will carry just as much weight with the committee and be as valuable to the committee as if you did have a vote.

Dr. KAIN. I hope it will, because I am doing active work right here every day in Washington, among the people who are helped by the Social Protection Division. Only this last week while I was relieving down at the clinic we had two or three 15-year-old girls brought back from Florida through the Social Protection organization. Incidents like this occur all the time. As one who works with these girls, coming from all parts of the country I am well aware of this problem. I can see the urgent need for the passage of this bill, more than people who are just hearing about it. I deal with it every day.

Senator AIKEN. I am sure your testimony will be very valuable. I have been here five years myself and from my observations and what I hear, I would judge that Washington, D. C., needs protection as much as many other parts of the country. Thank you.

The next panel consists of Dr. Williams, Dr. Heller, and Dr. Lade. Dr. Williams, will you identify yourself and proceed first with the discussion.

**TESTIMONY OF ASSISTANT SURGEON GENERAL C. L. WILLIAMS,
UNITED STATES PUBLIC HEALTH SERVICE**

Dr. WILLIAMS. I am Assistant Surgeon General C. L. Williams, U. S. Public Health Service, in charge of the Bureau of State Services. Dr. Parran asked me to express his regrets that it was impossible for him to appear before the committee. Dr. Parran, in expressing the viewpoint of the Public Health Service, recommends to this committee that this bill be enacted, for two reasons: One, that prostitution is a vicious practice which engenders a large number of associated vicious and criminal practices; and second, because it is a major factor in the spread of the venereal diseases.

Dr. Parran has submitted a written statement to this committee which I believe is already a part of your record. (See Exhibit 1 in Appendix.)

Senator AIKEN. Next is Dr. Heller.

**TESTIMONY OF DR. J. R. HELLER, CHIEF, VENEREAL DISEASE
CONTROL DIVISION, U. S. PUBLIC HEALTH SERVICE**

Dr. HELLER. Mr. Chairman, the interest of the Public Health Service in this proposed legislation logically is in its effect on V. D. control. As we are aware, V. D. control is an exceedingly complex task, which is made so by several rather human factors. The fear of invasion of privacy, a guilt complex, a fear of deprivation of personal liberty, and, unfortunately, in some instances, a profit motive, are involved so that those steps which need to be taken in V. D. control cut right across certain commercial ventures. It has been axiomatic in public health and in medicine that V. D. control has been primarily a question of treatment. This was especially true just prior to the war and in the early part of the war until the discovery of the drug penicillin, and to a less extent the use of the sulfa drugs. These agents make it possible medically to control diseases from the public health viewpoint, and insofar as possible, to effect a cure. Only time will tell how effective that cure may be.

Senator AIKEN. You mean how effective or how permanent?

Dr. HELLER. How permanent it would be.

Senator AIKEN. I have heard it questioned sometimes as to how effective the cure by penicillin is; that when the cure is effected by penicillin, the disease recurs after a certain length of time, and that eventually penicillin loses its effectiveness. Is that true?

Dr. HELLER. No, sir; not exactly, Mr. Chairman. We have found through the study of numbers of cases that a certain small percentage, fail to be "cured." The greater bulk of the cases, however, and as many as formerly were arrested if not cured by other therapies, now are made no longer a public health menace. Another advantage is that penicillin is a safe drug.

Senator AIKEN. Do you find that more victims accept the penicillin treatment than were willing to accept the old-fashioned, long-drawn-out treatments?

Dr. HELLER. Yes, sir, that is right.

Dr. WILLIAMS. Many more.

Dr. HELLER. Chiefly, sir, because it is quicker. Treatment of gonorrhea with penicillin in a matter of a few hours effects cure in our experience in 90 to 95 percent of infections, whereas in syphilis, in 8 to 14 days we find that from the public health viewpoint, the disease is effectively arrested, but only time will tell the complete permanency of the cure.

That, then, from the standpoint of V. D. control, has enabled the medical profession to make great strides, but there are other factors involved in V. D. control. Naturally, since we have the drugs and we believe we have the knowledge to apply them, all that remains would be to get every infected person to treatment, and there is where we see the problem. Due to the complex nature of V. D. control, it has been exceedingly difficult to uncover these infections and to keep people from exposing themselves, thereby continuing the chain of infection. It has become apparent to all of us who have worked with this very earnestly, and with much energy, that there must be concerted effort on the part of all the people, since the medical profession cannot do it alone. We find, then, that those methods or those mechanisms which reduce the number of exposures which prevent individuals from exposing themselves and becoming carriers, in turn, are extremely important.

It was demonstrated during the war that those procedures which were placed in effect to repress prostitution, to eliminate delinquency, to control delinquents, to rehabilitate or redirect delinquents and study efforts to reduce promiscuity, were valuable in affecting V. D. control favorably. We have found that the repression of prostitution invariably results in a lowered V. D. rate, so we have stated unequivocally that repression of prostitution is an important control procedure.

Venereal diseases are merely a symptom of a social evil, prostitution, and all of venereal disease does not come from prostitution but from promiscuity, in general. Therefore, many factors which make for promiscuity or increased promiscuity in a population must be subjected to scrutiny and to such control measures as are possible. We know from experience of several techniques, which, if carried out by a community, result in a better standard of morals. These things have been expressed very well by Mayor Cain and Mr. Taft, and enter into the thinking of public health people as a practical control measure. For those reasons, Mr. Chairman, we are intensely interested in the work of character-building agencies and in the desirability of having some central group as a social protection division that can deal with state and local agencies and translate to them the things that are found to be workable from the experience of those who are in a position to know. We believe that this is exceedingly important and desirable.

Senator ARKEN. Thank you, Dr. Heller. The next witness on this panel is Dr. Lade. Will you proceed to identify yourself and then go on with your testimony?

**TESTIMONY OF DR. JAMES LADE, DIRECTOR OF DIVISION OF
SYPHILIS CONTROL, DEPARTMENT OF HEALTH, ALBANY, N. Y.**

Dr. LADE. I am James H. Lade, Director of Syphilis Control of the New York Department of Health, and am attending this hearing on this bill in the place of Dr. Edward S. Godfrey, State Commissioner of Health, New York State. Dr. Godfrey was asked by Senator Pepper to attend but was unable to do so, and I have here a letter from him which I should like to read, if I may.

Senator AIKEN. You may read the letter.

Dr. LADE [reading] :

I am happy to submit, in response to your request of February 28, 1946, the following statement in reference to S. 1779, a bill to authorize the Federal Security Administrator to assist the States in matters relating to social protection.

Though few persons except the criminal and the near-criminal favor the practice of prostitution, it is one of the strange phenomena of public opinion that very few citizens will take an active part in stimulating and supporting law enforcement officials who must cope with this problem.

I think that such reluctance stems from the fact that the private citizen feels he is likely to suffer loss of reputation if he claims knowledge of the manner of operation of houses of prostitution, or even of their existence. And when there is no vigorous opposition to the operation of houses of prostitution, there are usually enough reputable tradesmen who profit from legitimate dealings with inmates and operators to make the independent efforts of law enforcement officials unpopular. You are aware, I am sure, that people engaged in this infamous traffic are usually most scrupulous about payment of their bills, and that they are usually willing to pay higher rates of rent and higher prices for commodities than legitimate consumers. Those who thus share in the profits of prostitution are likely to lend willing ear to erroneous information concerning the safety of regulated prostitution.

In connection with our work in the control of the venereal diseases, this department has repeatedly informed local communities of the perils to health which arise from the practice of prostitution. But health officers, being physicians, are frequently unacquainted with the complexities of law enforcement, and, in this State, are without sufficient time to carry through a campaign for repression of prostitution to a successful culmination. They can lend their support to a program, and speak with authority upon the venereal disease aspect, but this in itself is usually insufficient to lead to aggressive law enforcement.

It is through this combination of circumstances that the Social Protection Division of the Federal Security Agency has been particularly effective in New York State during recent years. In six cities the representations of that division and this department have resulted in discontinuance of all organized prostitution and in five others the practice has been reduced to such a degree that the amount of venereal disease transmitted in such places has been negligible during the war years. I have no hesitation in saying that no such results would have been possible without the assistance of the Division of Social Protection. It has been the function of the social protection representative to visit chiefs of police and district attorneys, suggesting methods of law enforcement with which some of them were not acquainted, and to talk with mayors, city managers, and influential local citizens to acquaint them with the facts concerning the existence of prostitution in their communities, and to follow up until promises made were executed.

I would urge that it is particularly necessary that this division be continued, for there is already evidence that ventures will be made in reopening such houses in New York State. It will be possible to discourage such ventures with a relatively small expenditure of time and money, as compared with what will be necessary if new capital is invested and additional people become involved before repression is attempted. This is the strategic time to consolidate and maintain the control of prostitution which has been achieved during the war years. We need Federal assistance to do this. I urge favorable consideration of S. 1779 on this basis.

I would like to add to Dr. Godfrey's statement, if I may, Mr. Chairman, a bit of evidence we have recently accumulated concerning the effect of quick cure of venereal disease upon the program of repression. Study of our reports of cases of syphilis indicates that four out of five cases of syphilis are not discovered until it is too late to help transmission and too late to effect early cure. However effective the treatment method may be, such indices of discovery will cancel, in effect, the greater efficacy of the treatment of the discovered cases.

We have found that the number of admissions to hospitals for complications of gonorrhea, the disabling complications that make for crippling, sterility, and in some cases death, are just as great as ever. These people, when discovered with late complications, will be cured of their infections, but treatment will not repair the permanent damage which may have been sustained before treatment is initiated.

Senator AIKEN. One of the biggest problems, if not the biggest problem, Doctor, is getting people to report for treatment and submit for treatment when they first suspect that they may be infected, isn't that right?

Dr. LADE. Yes, indeed.

Senator AIKEN. I suppose they always have the hope that perhaps they are not going to become infected; and then they are naturally embarrassed, I suppose, to report.

Dr. LADE. Yes, I am sure those factors enter in, and I suspect that many of these people don't know that they are infected. It is not a question of ignoring facilities which they know exist, but of not being aware that they have a venereal disease.

I was speaking of complications of gonorrhea—generalized arthritis may produce a complete crippling; the most common complication is sterility produced by infection of the fallopian tubes in the woman; and then gonorrheal ophthalmia, affecting the eyes of children and adults who accidentally inoculate their eyes, which may lead to complete blindness. Urethritis occurs in syphilis, and we are very much concerned with the neurosyphilis in upstate New York, in these people who did not become aware of their infections until too late for rapid cures.

In one year, 1939, we found that there were 3,964 people admitted to State hospitals for paresis, just one form of neurosyphilis; that it cost the State of New York \$2,555,000 for their care alone, regardless of the earnings loss, and that the capital investment necessary to take care of these people amounted to \$16,000,000. Those were only the people who were discovered. Still others in uncounted numbers sustained such infections and died without coming to the attention of the State department of mental hygiene.

Senator AIKEN. We thank you gentlemen.

That apparently concludes the list of witnesses for this morning. The hearing is now adjourned.

[Whereupon, at 11:45 a. m., the committee adjourned.]

APPENDIX

EXHIBIT 1

FEDERAL SECURITY AGENCY, U. S. PUBLIC HEALTH SERVICE

WASHINGTON 14 (BETHESDA STATION), March 4, 1946.

HON. CLAUDE PEPPER,

United States Senate, Washington, D. C.

MY DEAR SENATOR PEPPER: I regret very much that official business scheduled before receipt of your telegram will prevent my testifying before your subcommittee March 9, when it considers the Social Protection Bill, S. 1779. However, I have requested an official of the Public Health Service especially conversant in matters related to the purposes of this bill to appear on my behalf and answer such questions as members of the Subcommittee may wish to present.

As you know, this country came through World War II without experiencing the sharp increases of venereal disease infection among civilians and military personnel which have characterized our previous wars. A major factor in this achievement was the completeness of the national wartime control program. There was increased effort to find and treat infected persons, and there was coordinated effort to reduce prostitution and promiscuity which are largely instrumental in the spread of the diseases. The responsibility for these important collateral efforts is vested in many community, State and federal agencies and nongovernmental groups not usually concerned with health matters.

Active cooperation was sought and received from courts and police departments, social welfare agencies, church and character-building organizations, recreation and housing interests, and others concerned with the physical, moral, and economic environment in which we live. To secure the cooperation of these diverse elements of our national life, and to provide special technical assistance which was not available from any other source, a Division of Social Protection was set up in the Federal Security Agency. Throughout the difficult war years this organization by its activity in repression of prostitution was of real assistance to the Public Health Service, the Army and Navy, and to the various State and Local health departments who had the responsibility of preventing a wartime venereal disease epidemic.

There is reason to believe, both from medical history and from current reports, that the danger of increased venereal disease is as great now as during the war. This means that the program which proved so successful during the war should be continued wherever possible. The health and medical forces of the country are prepared to do their part, but we cannot achieve success unaided. Prostitution must not be permitted to come back. Every resource to prevent delinquency must be used. Various other community resources must be kept mobilized behind this effort.

In addition to its other valuable purposes, continuation of Federal social protection advisory and technical services as authorized under the provisions of S. 1779 should materially aid the public health services of the nation in their designated responsibility for controlling the spread of venereal diseases.

Very sincerely yours,

THOMAS PARRAN, *Surgeon General.*

EXHIBIT 2

(Copy of letter on work of Social Protection Division sent by Federal Security Administration to State Governors, compilation of replies received, and several letters sent to Administrator.)

FEDERAL SECURITY AGENCY,
Washington, D. C.

DEAR GOVERNOR: Since 1941 the Social Protection Division of this Agency has been carrying on its program of repressing prostitution and promiscuity, re-

directing sex delinquents, and assisting communities in organizing and improving their protective services. Under the provisions of the May Act (Public Law 540, 75th Cong.) these activities have been mainly directed toward the control of venereal disease and conservation of war-essential manpower and the protection of the health of our uniformed personnel.

During the war commercialized houses of prostitution were closed in over 700 communities throughout the country and the incidence of venereal disease was materially reduced. Some significant progress has also been made in the development of redirectional programs and State and community organizations.

It is a pleasure to take this opportunity to express the appreciation of the Federal Security Agency for the assistance rendered our program by you and members of your administration. It is our policy to work through and with the duly elected and appointed representatives of the States. We realize full well that a program such as this cannot succeed without the support and cooperation of our citizens. We see our function as one of providing services to the communities in the form of guidance and encouragement and technical knowledge gained from experience.

Unfortunately, the fight against prostitution is not won. About 27 percent of the communities which closed their houses have permitted them to reopen. Venereal disease infections are again increasing. With the end of the emergency period the pressure of vice interests, whose financial stake is large, is being exerted in increasing tempo on local communities and officials. The return of millions of servicemen to civilian life is taxing severely the protective and health facilities of communities and municipalities throughout the Nation. The economic and social maladjustments in the postwar period are also increasing the incidence of venereal disease.

After four years of experience, the potentially successful methods of eradicating venereal disease are well delineated. With the medical treatment of the disease tremendously improved in recent months, the remaining task is that of combatting its basic cause—sex delinquency.

We are all well aware of the rising curve of juvenile delinquency. Statistics also show that the age level of those persons apprehended for promiscuity and prostitution is continually dropping. Thus, sexual behavior is in large measure a component of juvenile delinquency. Venereal disease is a medical manifestation of this delinquency. Only by directing the community resources toward the prevention of this unsocial behavior and the redirection of delinquents can venereal disease be cut off at its source.

The resources of each community to combat this problem vary. However, the basic constituents are the law enforcement and welfare agencies, the departments of health and education, and private organizations and individuals. It is essential that their efforts be stimulated and integrated so that an organized and unremitting community program will obtain.

As chief magistrate of your State, you can perform an invaluable service to this State and community effort by facilitating the process of organization during the postwar period.

We are asking therefore that you call upon the agencies of your administration and of the several communities within _____ to redouble their cooperative efforts to control prostitution, promiscuity and venereal disease. We are hoping that you will use the prestige of your office to focus the attention of the general public and the available agencies upon the importance and implications of this program. By such leadership you will be performing an invaluable service to the health and welfare of the citizens of your State and of the Nation.

We hope that in the near future you will grant a representative of this agency the opportunity and privilege of discussing this program with you personally.

Yours sincerely,

_____, Administrator.

State	Reply by—	Comments
Alabama.....	Secretary to governor.....	Will be glad to see representative.
Arizona.....	Governor.....	Will see our representative.
Arkansas.....	do.....	Will gladly see representative.
California.....	do.....	Will cooperate in every way (letter sent to Attorney General Kenny).
Colorado.....	do.....	Will cooperate (letter attached from Colorado Public Health).

State	Reply by—	Comments
Connecticut.....	Executive secretary.....	Proclamation by Governor attached.
Florida.....	Governor.....	Will help in every way.
Illinois.....	do.....	Will do everything practicable.
Indiana.....	do.....	May be assured of continued cooperation.
Kansas.....	do.....	Letter referred to proper department.
Kentucky.....	Executive secretary.....	Governor will see representative.
Maine.....	Administrative assistant.....	Governor will cooperate and see representative.
Massachusetts.....	Commissioner, health department.....	Will be glad to see representative.
Michigan.....	Executive secretary.....	Commissioner, department of health will gladly see representative.
Minnesota.....	Governor.....	Will gladly see representative and cooperate in every way.
Mississippi.....	Secretary.....	Governor will talk to representative.
Nebraska.....	do.....	Letter sent to director of health.
Nevada.....	Governor.....	Will see our representative (copy of our letter being sent to district attorneys in every county in State).
New Jersey.....	do.....	Will continue to cooperate in every way.
New Mexico.....	do.....	Will be happy to see representative.
New York.....	Commissioner of health.....	Will cooperate to fullest.
North Carolina.....	Governor.....	Will gladly see representative.
Ohio.....	do.....	Appreciates letter.
Oregon.....	do.....	Will talk to representative.
Pennsylvania.....	do.....	Will see representative and use authority in interest of decent living conditions.
Rhode Island.....	do.....	Can depend on continued cooperation.
South Carolina.....	do.....	Will see representative and cooperate gladly.
South Dakota.....	do.....	Be glad to meet with our representative.

COMMONWEALTH OF PENNSYLVANIA,
GOVERNOR'S OFFICE,

Harrisburg, February 13, 1946.

MR. WATSON B. MILLER,
Administrator, Federal Security Agency, Washington, D. C.

DEAR MR. MILLER: This will acknowledge your letter of February 5, the subject of which both from the military and from the civilian standpoint always has been of exceeding interest to me.

As Governor of this Commonwealth during a time of great emergency, I have used all means at my disposal to minimize the dangers that surround the armed forces.

I assure you that I shall continue to use the authority that is vested in the office of Governor in the interest of decent living conditions in the State. Prostitution will not be condoned in Pennsylvania.

I shall be pleased to have your representative discuss these matters with the secretary of health and with the commissioner of State police. If I am in Harrisburg on that occasion I shall be glad to see him.

Very sincerely,

EDWARD MARTIN.

OFFICE OF THE GOVERNOR,
Springfield, February 18, 1946.

MR. WATSON B. MILLER,
Administrator, Federal Security Agency, Washington, D. C.

DEAR MR. MILLER: Thank you for your letter of February 5 concerning the program of vice suppression and venereal disease control.

It is my understanding that the Illinois representative of the Social Protection Division has made contact already with the State director of public health and the State director of public welfare in regard to postwar plans as outlined in your letter.

I am confident that the proposals are receiving full consideration and that the agencies of the State government will continue to do everything practicable for the improvement of moral conditions and the control of communicable diseases.

Thanking you for having brought this matter to my attention, I am,
Sincerely yours,

DWIGHT H. GREEN, *Governor.*

THE STATE OF NEVADA,
Carson City, February 13, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency, Washington, D. C.

DEAR MR. MILLER: Your letter of February 5, which sets forth the program of the Federal Security Agency in repressing prostitution and promiscuity and redirecting sex delinquents, has been read with interest.

Although I do not have statistics for Nevada at hand, I know, from Federal statistics that prostitution, especially among juveniles and women up to the age of 23 years, throughout the United States, has increased appallingly.

A copy of your letter is being sent to the district attorneys in every county in the State. I am asking that they give me a report on their counties relative to the problems that are being confronted in regard to prostitution in the post-war period. I am also asking that they inform me as to the results of the efforts that are being used to control this vice.

By the time that your representative calls on me in Carson City, I should have a valuable cross section of community thinking on this subject and will gladly discuss the matter.

Very truly yours,

VAIL PITTMAN, *Governor.*

STATE OF OHIO,
OFFICE OF THE GOVERNOR,
Columbus 15, February 13, 1946.

WATSON B. MILLER,
Administrator, Federal Security Agency, Washington 25, D. C.

DEAR MR. MILLER: I have your letter of February 5 relative to your program of repressing prostitution and promiscuity, redirecting sex delinquents, and assisting communities in organizing and improving their protective services. Thanks very much.

This is a program of vital importance to all people.

Sincerely yours,

FRANK J. LAUSCHE, *Governor.*

STATE OF FLORIDA,
Tallahassee, February 8, 1946.

THE ADMINISTRATOR,
Federal Security Agency, Washington, D. C.

DEAR SIR: I want to thank you for your letter of February 4. As Governor of Florida I will do all that I can appropriately to see the good work of the Federal Security Agency in the field of prostitution and venereal disease control continued.

Sincerely,

MILLARD F. CALDWELL, *Governor.*

EXECUTIVE OFFICE,
Phoenix, Ariz., February 18, 1946.

Mr. WATSON MILLER,
Administrator, Federal Security Agency, Washington, D. C.

MY DEAR MR. MILLER: I was pleased to learn from your letter of February 5 that a representative of the Federal Security Agency will come to Arizona in the near future, and that he will outline your immediate public-health program at that time. I will be glad to have him call upon me to discuss the same, and will be pleased to arrange for our health authorities of Arizona to meet with him, should such a conference be desired. Also, if it is his wish, I will call into conference the peace officers of the State.

I am extremely appreciative of the valuable cooperation which the Federal Security Agency has given in the past to our health authorities in Arizona, and I assure you of a continuance of the cooperative attitude on our part.

I am happy to be able to report to you that the incidence of venereal diseases in Arizona has shown a great decline in the last 2 years, notwithstanding a considerable increase in the Arizona population. The Arizona Health Department reports that in ratio to the estimated population of the State, it is their belief that no increase in venereal diseases has occurred since the end of the war.

With all good wishes, I am,
Sincerely,

SIDNEY P. OSBORN, *Governor.*

STATE OF MAINE,
Augusta, February 7, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency, Washington, D. C.

DEAR MR. MILLER: Governor Hildreth has received your letter of February 5, 1946, asking him to call upon his agencies and those of the several communities in Maine to redouble their cooperative efforts to control prostitution, promiscuity, and venereal disease.

The Governor is very much concerned over the problems involved in this matter and you may rest assured he will do everything within his power that is practicable to help. He will be very glad to discuss this program with your representative whenever he is here, subject of course to his being available.

In the meantime, your letter is being referred to the commissioner of health and welfare who is being requested to study it and make any recommendations he considers desirable.

Sincerely,

WALLACE C. PHILLOON,
Administrative Assistant.

STATE OF NEW YORK,
DEPARTMENT OF HEALTH,
Albany, February 14, 1946.

WATSON B. MILLER,
*Administrator, Federal Security Agency,
Washington, D. C.*

DEAR MR. MILLER: I wish to acknowledge receipt of your letter of February 5 addressed to Governor Dewey, relating to the program of repression of prostitution and promiscuity of the Social Protection Division of the Federal Security Agency. You may be sure that this department is fully appreciative of the activities of this division in general, and specifically of the work of Mr. Thomas Connolly, your district representative.

We shall continue to cooperate to the fullest extent in this activity, and I have directed Doctor Lade, Director of the Division of Syphilis Control, to plan with Mr. Connolly specific measures which may be taken to curb the undoubted tendency toward a recrudescence of prostitution.

Very truly yours,

EDWARD S. GODFREY, JR.,
Commissioner of Health.

STATE OF NEW JERSEY,
EXECUTIVE DEPARTMENT,
February 6, 1946.

WATSON B. MILLER,
*Administrator, Federal Security Agency,
Washington, D. C.*

MY DEAR DIRECTOR: Thank you for your letter of February 5 expressing approval of the support of this administration in the program of the Social Protection Division of the Federal Security Agency.

You may be assured the New Jersey Department of Institutions and Agencies, the State Police and other law enforcement agencies will continue to cooperate in this program to combat venereal disease and juvenile delinquency.

Sincerely yours,

WALTER E. EDGE, *Governor.*

EXHIBIT 3

NAVY DEPARTMENT,
OFFICE OF THE JUDGE ADVOCATE GENERAL,
Washington 25, D. C., March 8, 1946.

HON. CLAUDE PEPPER,
*Chairman, Subcommittee on Health and Education,
Committee on Education and Labor, United States Senate.*

MY DEAR MR. CHAIRMAN: The bill S. 1779 to authorize the Federal Security Administrator to assist the States in matters relating to social protection, and for other purposes, has been referred by your subcommittee to the Navy Department with request for a report thereon.

- The purpose of the proposed bill is to provide for technical and professional advisory services by the Federal Security Agency, upon the request of appropriate State officials, in carrying out measures designed to prevent prostitution and to eliminate conditions contributing to sex delinquencies, particularly in areas where such measures are of importance to military or naval personnel.

The Navy Department considers that measures of this kind are highly desirable as a means of maintaining the health of naval personnel and recommends favorable action on this bill.

There has been insufficient time to obtain advice from the Bureau of the Budget as to the relationship of this report to the program of the President.

For the Secretary of the Navy.

Respectfully yours,

O. S. COLCLOUGH,
Rear Admiral, United States Navy,
Judge Advocate General of the Navy.

EXHIBIT 4

WAR DEPARTMENT,
Washington, D. C., March 15, 1946.

Mr. CHARLES KRAMER,

Staff Director, Subcommittee on Health and Education,
Room 249, Senate Office Building, Washington, D. C.

DEAR MR. KRAMER: This is in reply to a letter from the Honorable Claude Pepper, dated March 4, 1946, with reference to hearings to be held on S. 1779, the social protection bill, by the Subcommittee on Health and Education.

The Social Protection Division of the Federal Security Agency has rendered valuable service in its efforts to control venereal disease. The low venereal disease rate of the Army in the continental United States during this war period has been due in no small measure to the successful efforts of the Social Protection Division of the Federal Security Agency.

The repression of prostitution has been the policy of the War Department for three decades. It is a policy that has been established and followed because it has worked in practice. The Social Protection Division has cooperated with the War Department in the repression of prostitution by (a) providing professional associations of law-enforcement officers, chiefs of police, State and local police officers, and county sheriffs with scientific techniques for repressing prostitution and for prevention of conditions and situations which foster promiscuity, delinquency, and prostitution; and (b) obtaining the cooperation of National, State, and local business and industrial organizations in this program so that the witting or unwitting "facilitator" has been made aware of his violations of the business codes. The results of this cooperative program was the repression of prostitution in over 700 civilian communities throughout the United States.

It is my belief that the discontinuance of the functions of the Social Protection Division at this time would adversely affect the gains already made by encouraging a resurgence of prostitution, vice, and venereal disease. For this reason it is my earnest hope that the assistance rendered to the Army by the Social Protection Division may be continued.

The Bureau of the Budget advises that there is no objection to the submission of this report.

Sincerely yours,

ROBERT P. PATTERSON,
Secretary of War.

EXHIBIT 5

THE STATE BOARD OF HEALTH OF MISSOURI,
City of Jefferson, February 11, 1946.

HON. CLAUDE PEPPER,

Florida State Senator, Washington, D. C.

DEAR MR. PEPPER: My attention has been called to the bill which you recently introduced, S. 1779.

I feel this legislation is absolutely necessary for the future control of venereal infections.

Respectfully yours,

R. M. JAMES, M. D.,
State Health Commissioner.

EXHIBIT 6

STATEMENT OF BASCOM JOHNSON, DIRECTOR, DIVISION OF LEGAL AND PROTECTIVE SERVICES, AMERICAN SOCIAL HYGIENE ASSOCIATION, MARCH 9, 1946

I have had unusual opportunities both here and abroad to observe and evaluate governmental activities such as those contemplated by Senate bill 1779. On the basis of my observation and experience I have no hesitation in urging your honorable body to recommend the passage of this bill.

The effectiveness of teamwork of Federal, State, and local authorities who have found assistance of the Social Protection Division of value, is attested by the fact that more than 700 communities closed red-light districts during the war and thus prevented a vast amount of vice, disease, and corruption among both civilians and the armed forces.

A vast amount of public education and field activities and contacts with State and local authorities by the representatives of the Social Protection Division went into this accomplishment.

Endorsements of the program were secured by this Division from the International Association of Chiefs of Police, the National Sheriffs' Association, the General Federation of Women's Clubs, the National Junior Chamber of Commerce, and others, all of which had definite and important repercussions in the several States and their subdivisions.

The one weakness in this whole program, viz, the necessity of stressing its importance to the war effort, which resulted in its being stamped in the public mind as a war measure, Senate bill 1779 now proposes to remedy. Whatever was valuable in this program and its results during the war is of equal value during the peace.

The maintenance by the Federal Government of sizable peacetime military forces, especially if any considerable part of those forces are required by Federal law to be recruited from young men, involves a direct and inescapable responsibility on the part of the Federal Government to protect and promote the health and welfare of these young men, thus removed from the restraining and helpful influences of home and family life.

The passage of S. 1779 will constitute a recognition by Congress of this Federal responsibility and provide funds for the employment of trained personnel and for their services in its discharge.

The failure of Congress to recognize and discharge this responsibility would help to crystallize public opinion in this country against any Federal legislation providing compulsory military training or service. The passage, on the other hand, of S. 1779 would help to remove the objections to compulsory military training or service now held by many people in this country.

The States and their communities need the cooperation and participation of the Federal Government in establishing and maintaining clean and wholesome environment for their own citizens as well as for soldiers and sailors to visit when on leave.

It is true that these communities should, as some of them do, recognize the value of such clean environment to their own citizens as well as to the Army and Navy and should not, therefore, need to be convinced or to be assisted by representatives of the Federal Government in establishing or maintaining them. There are still, however, many cities in this country whose citizens have been taught to believe that commercialized prostitution is a necessary evil which cannot be repressed and which must, therefore, be tolerated under some form of regulation.

These erroneous beliefs are particularly prevalent in cities near which more or less permanent Army or Navy stations are located. One of the functions, therefore, of the Social Protection Division sponsored by this bill has been and will be to cooperate with State and local authorities in convincing the citizens of these so-called Army and Navy towns that wide-open prostitution is neither desired by the Federal Government nor good for the health and welfare of any young man or woman, military or civilian; also that prostitution cannot be regulated but can be greatly reduced by law enforcement.

Most States and their communities have welcomed and will continue to welcome the cooperation and assistance of the Federal Government in establishing and maintaining clean and wholesome conditions, once they are convinced that such conditions are beneficial to their own citizens and are desired by the Federal Government.

This is particularly true in certain areas because the normal difficulties of securing and keeping good conditions are greatly increased by the location of thousands of unattached soldiers or sailors in or near those communities.

The underworld always flocks to such areas to exploit both the military and the civilians by every illicit means in its power.

In addition to prostitutes, many unprotected and uninformed young girls follow these soldiers and sailors from camp town to camp town, get into trouble, and spread the venereal diseases.

The law-enforcement authorities are often understaffed and without adequate equipment and facilities to do a good job. They need understanding and support, not only from the public but also from other departments of the State and city governments. The Social Protection Division, sponsored by this bill, can help to inform the public, secure its support, and, in general, assist these States and their communities to organize so that each of the four phases of the program—health, education, law-enforcement, and social treatment—may add strength, support, and effectiveness to the others.

Many local communities near Army camps or naval stations need information concerning sound law-enforcement and social-protection policies, for dealing with sex offenses and sex offenders and the new techniques and methods for carrying out these policies as fast as they are developed and prove their effectiveness.

Information of this character, in the field of law enforcement and social treatment, has been collected and disseminated to local authorities by the Social Protection Division in the same manner as the United States Public Health Service gives aid to States and communities in the field of public health. The passage of S. 1779 would permit the continuance of this essential service.

The field agents of the Social Protection Division can, on request, help local authorities to put these new techniques and methods into actual operation.

These field agents have helped and can continue to help build local public understanding and support for both the policies adopted and the methods for carrying them out.

These agents have acted and can continue to act as liaison between local officials and Army or Navy officers at nearly all camps or stations.

In conclusion, I think I represent the opinion of the vast majority of fathers and mothers all over this country when I again urge the favorable consideration of this bill by the Congress.

Its passage will prove to the States and their communities that their National Government believes that the wartime program of protection of all citizens from prostitution and the venereal diseases was so valuable that it must be continued in peacetime and that the Federal Government not only desires such continuance but is willing and anxious to participate in all measures to that end.

EXHIBIT 7

SOCIAL HYGIENE SOCIETY OF THE DISTRICT OF COLUMBIA,

March 12, 1946.

Senator CLAUDE PEPPER,

United States Senate, Washington, D. C.

MY DEAR SENATOR PEPPER: This society, now in its twenty-eighth year of social-hygiene service in the District of Columbia, strongly endorses S. 1779, the social protection bill.

We realize that the ugly but paying "business" known as the prostitution racket is attempting a come-back from the crippling blows it received from the vigorous law-enforcement program of war days. We know, likewise, that the "business" will seek—and receive—recruits from the host of unstabilized girls and women whose well-paying war jobs now have ceased and who will be faced with the need to find new jobs or to supplement lower peacetime earnings. In essence, our country also has its "displaced persons" problem.

Some communities have the essential laws, the law-enforcement personnel, and the will to cope with the problem. Others, however, vitally need the aid and guidance of a Federal agency in this field. Considering the grave social

and public-health dangers inherent in our Nation's current process of human reconversion, we believe the provisions of S. 1779 will furnish essential tools to minimize these real national hazards that are now so apparent and that will become increasingly dangerous and widespread if given half a chance. And, in conclusion, let's remember that it is in the lower-income brackets and the individuals least able to maintain normal living standards that prostitution finds its human material for exploitation.

Sincerely,

RAY H. EVERETT,
Executive Secretary.

EXHIBIT 8

INSTITUTE FOR THE CONTROL OF SYPHILIS,
UNIVERSITY OF PENNSYLVANIA,
Philadelphia, Pa., March 6, 1946.

Senator CLAUDE PEPPER,
*Chairman, Subcommittee on Health and Education,
United States Senate, Washington, D. C.*

MY DEAR SENATOR PEPPER: I have had several opportunities, including this most recent one for which your courtesy is responsible, of reading S. 1779. To one who has been engaged in the study of venereal disease, and particularly of syphilis in its medical and public-health aspects, for some 35 years, the necessity for the passage of this bill continuing the social-protective activities of the Federal Government, appears incontestable. Not only does it seem advisable that there be a public agency of national scope, maintained for liaison and reinforcement purposes among the widely scattered units interested in venereal-disease backgrounds and social problems in this country, but it is critically necessary, I believe, that account be taken of new trends in the field of social hygiene and venereal-disease control, which have during and since the war, changed the whole face of the control problem as we previously knew it. It has become clear that despite the tremendous advances for which penicillin, among other therapeutic agents, is responsible in the treatment control of venereal disease, treatment will never be the answer to the problem of venereal-disease prevalence and spread. Even the most hard-boiled public-health officer, whose allegiance to treatment as such has been unshaken for more than a quarter of a century, now finds himself obliged to admit that sexual promiscuity, deeply rooted and very probably gaining even deeper root in the life of this country, is the real source of the spread of disease. Personally, I feel at the moment less concerned with our ability to cope with the disease problem than with our ability to deal with all the forces seeking to extend and abet promiscuity in its vicious influence on civilized life. Certainly there can be no escaping the fact that the grosser and more obvious agencies, including crime, vice, and prostitution, need stamping out even more than they have needed it in the past. Substantial headway has been made again during this war after the lapse between World War I and World War II, but the headway made has been paralleled, if it has not actually been outstripped, by the extension of the problem of unsocial sex behavior, farther and farther down the line into the teen-age population, and farther and farther out into the civil, to say nothing of the military community.

I believe these statements substantiable by an examination of disinterested evidence, and I believe the fact must be made the basis for a new and more determined approach than ever to the moral side of the sex problems of humanity and their venereal-disease accompaniment. Every community needs a new awakening of its moral and civil consciousness, new help and greater help in coordinating and developing its control activities, city-wide, State-wide, and Nation-wide assumption of responsibility for the social protection of its young people in civilian life and its fighting personnel in the armed forces. I would, therefore, urge as a critical supportive measure, the favorable consideration of S. 1779, and its passage by the Congress.

Sincerely yours,

JOHN H. STOKES, M. D.,
Director.

EXHIBIT 9

CHATTANOOGA, TENN., *February 19, 1946.*

HON. CLAUDE PEPPER,
The Senate, Washington, D. C.:

The Health Council Executive Committee, at the February meeting today, passed a unanimous motion *heartily endorsing* the bill S. 1779 relating to social protection and urging that you take such measures as are necessary to assure its passage.

CHATTANOOGA (HAMILTON COUNTY) HEALTH COUNCIL,
 NEIL J. CROWLEY, *President.*

EXHIBIT 10

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.,
New York 16, N. Y.

Re social protection bill, S. 1779.

HON. CLAUDE PEPPER,
*United States Senate,
 Washington, D. C.*

DEAR SENATOR PEPPER: In behalf of the New York Tuberculosis and Health Association, of which I am president, I am writing in support of Senate bill 1779, introduced by you in behalf of yourself and Senators George, LaFollette, and Taft.

The organization just mentioned is the local New York City agency affiliated with the American Social Hygiene Association, and carries on a program directed toward the suppression of prostitution, the prevention of sex delinquency, and the development of public opinion supporting a stable, normal family life. The activities of this organization have brought its members in close touch with the work of the Social Protection Division of the Federal Security Agency. We are therefore familiar with the important protective program which this organization has been carrying on—a program recognized by health, law enforcement, and judicial authorities as playing a prominent part, during the war period, in securing effective cooperation between public officials and private citizens in the State. While there has been some increase in sex delinquency and venereal disease during this period, the combined efforts of public authorities and informed public-spirited citizens have resulted in a maximum of repression of prostitution, and a minimum of sex delinquency and attendant disease. The Social Protection Division has had a large share in bringing about these encouraging results.

Now we have arrived at the most critical time of all. The urge of the war period is gone. Citizen interest and official alertness tend to wane. Those who profit from the proceeds of prostitution are more alert than ever. This opens the way for a possible unfortunate relaxation in sex morals which may easily have very adverse effects upon the health and general happiness and prosperity of the citizens of our State. We need, therefore, now if ever, the aggressive support of the work of the Social Protection Division. We know from the testimony of our public health and law enforcement officials that the activities of this Division have been of great help. Success in the continued repression of prostitution will depend in no small degree, we believe, on the encouragement that State and local officials will receive from this Division in their efforts to control prostitution and remove the conditions which contribute to sex delinquency.

Voluntary agencies, such as the American Social Hygiene Association, acting on a national basis as a central stimulating and energizing force, and supplemented by its State and local agencies in New York, can do much in gathering confidential information with regard to commercialized prostitution, evaluating it and presenting it to the Army, the Navy, the United States Public Health Service, and the Social Protection Division. These organizations can also cooperate with public official agencies in developing public sentiment which will support enforcement. These alone cannot suffice, however. They can be only supplementary to the indispensable official coordinating efforts of the Social Protection Division which are essential not only to secure the effective cooperation of State and local

officials but also to develop ways and means of integrating and bringing all the activities of both public and private agencies into focus upon the problem. The Social Protection Division, with the staff which would be available under Senate bill 1779, also would provide continuous technical and professional advisory services to police, sheriffs, courts, public and private welfare agencies, hotel associations, taverns, and all agencies that are in any way responsible for the prevention of prostitution. Similarly, they would be in a position to cooperate effectively with Army, Navy, and Coast Guard authorities by providing them with information as to conditions especially dangerous to military personnel because of uncontrolled exposure to venereal disease.

For all these reasons, we hope that this bill will have the support of all Members of the Senate. The enactment of this measure is necessary in the interest of public health, public morals, the creation of an environment suitable for the upbringing of children, and the establishment of normal family life. It is also essential for the economic and productive future of the State, which is so closely related to stable contented family life and the maintenance of a healthy citizenry. The appropriation of \$700,000 which this bill provides for this purpose, to cover the whole of the United States in this effort, would seem to us a wise and economic expenditure of funds. We believe that the results which would be accomplished by the Social Protection Division, under the leadership of the Federal Security Administrator, would more than justify this expenditure. We earnestly hope, therefore, that the members of the committee which has this bill under consideration will report it favorably, and that it will receive final favorable support by the Senate.

Respectfully yours,

BAILEY B. BURRITT,
President, New York Tuberculosis and Health Association.

EXHIBIT 11

STATE COMMITTEE ON TUBERCULOSIS AND PUBLIC HEALTH, STATE CHARITIES AID ASSOCIATION, *New York 10, N. Y., March 6, 1946.*

In support of Senate bill 1779 "to authorize the Federal Security Administrator to assist the States in matters relating to social protection * * *."

HON. CLAUDE PEPPER,
Senate Office Building, Washington, D. C.

DEAR SENATOR PEPPER: The State Charities Aid Association of the State of New York recognizes the extremely valuable support and assistance given to its State committee on tuberculosis and public health and its 62 county and city associations by the Social Protection Division of the Federal Security Agency in its venereal disease control work. Accordingly, we respectfully recommend favorable consideration by your committee and the Senate of the above-noted bill.

Medical science in recent years has made a number of discoveries for the detection, treatment, and control of the venereal diseases. Real progress can be achieved if this new knowledge is put to use. The problem of the control of these diseases is, in our judgment, second only in social significance to that of tuberculosis in the entire field of public health. Syphilis, which is the most serious of these diseases, is also the best understood scientifically from the point of view of prevention, diagnosis and care.

The tragic happenings that may follow in the train of this disease, if inadequately treated, cannot be overstated. Among them are many thousands of deaths of infants before birth; thousands of patients in the wards for the incurable and crippled, who sit in wheel chairs year after year or drag themselves about with feeble and halting steps; multitudes of patients in the hospitals for the insane suffering from a special and extremely serious type of mental and physical break-down, until just recently deemed incurable.

The Division of Social Protection, through its representatives distributed throughout the United States and its possessions, has worked in many individual communities in cooperation with the Army and Navy local disciplinary boards, the United States Public Health Service, State and local health officers, State and local police departments, and voluntary health and welfare agencies,

such as ours and our local branches. No one of the above-mentioned agencies is individually equipped singly to control the venereal disease menace, but by careful coordination of efforts they have achieved remarkable results.

The fact that organized prostitution has been reduced to a minimum in America is one of the greatest social contributions of World War II—and we recognize that such achievement would not have been so impressive without the assistance rendered by the Social Protection Division. The closing of houses of commercialized prostitution is an effective means of lowering the syphilis and gonorrhea rates of infection. We know from police authority that through the closing of these houses the number of possible contacts per night is greatly reduced and the resultant VD rates of infection are held down.

Following the First World War, interest in social protection waned and houses of prostitution which had been closed were again "open for business." History should not be allowed to repeat itself. Withdrawal of the Social Protection Division at this time would seriously weaken the bulwark of controls dependent on the coordinated efforts of State, local, and Federal agencies. If the Federal influence is removed, the State and local agencies, especially the law-enforcement ones, will tend to relax their interest and support.

The leaders of one community in this State successfully closed its houses of prostitution after an extensive campaign to arouse public support. So grateful were the residents, particularly the parents of teen-age children, that they immediately asked for some assurance that the houses remain closed. A meeting was then called among city officials, social agencies, the American Social Hygiene Association, and the Social Protection Division to devise ways and means of keeping the houses closed permanently. Measures were considered to educate the community to the hazards of organized prostitution. When prostitution becomes a local tradition it takes more than Federal legislation to completely eliminate it. Only the combined efforts of Federal and State agencies, local health bodies, educators, clergy, social workers, police and other community agencies may eradicate this blight from the American community.

In another New York State community a village official summoned representatives of the nearby Army and Navy installations, his public officials, including health, police, school and welfare, as well as some of the local clergy and the Social Protection Representative. The chief objective of the meeting was an analysis of the community from a health and welfare standpoint. After each attendant at the meeting had given his version of the causes of the high venereal disease rate, a plan of action was agreed upon to control the situation. A representative of the local Tavern Keepers Association who was present agreed with the police chief that certain establishments were encouraging the patronage of unaccompanied teen-age girls and that the practice should be stopped. The Tavern Keepers Association agreed to censure the particular tavern owner first. If his cooperation was not guaranteed, they would refer the establishment to the police, who in turn would take steps through the State liquor authority to have the place closed. The local judge promised to desist from ordering girls out of town, upon learning that the local social service agency had facilities for counselling such girls in an endeavor to direct them into more wholesome and legitimate use of their time. The local health commissioner promised to afford better cooperation to the military authorities, and the school principal explained a program of extracurricular activities designed to keep teen-age high school pupils off the streets at night. The results of the meeting were not just so much lip service, for the venereal disease figures have since dropped by 50 percent due to concerted community action. From present indications the rate will drop further, chiefly because the village has been helped to proceed with its problem on the basis of an organized approach with concrete procedures.

These are just two of numerous illustrations which might be cited to bear witness to the effective work the Social Protection Division is rendering in helping to coordinate available community forces for the improvement of the social conditions within the community.

In upper New York State among younger adults (ages 15 to 20) the number of new cases reported increased 27 percent by 1942 above the prewar figure and the increase by 1944 was 114 percent above the prewar level.

The substantial increase in the syphilis and gonorrhea rates since VE- and VJ-days, particularly among the upper teen-age and the early twenties of American youth is incontrovertible evidence of an increasing moral laxity. Unless this trend is checked by greater vigilance and appropriate action on the part of our law-enforcement agents, stimulated by the Division of Social Protection, by

continuance of "undercover studies," and by an unrelenting and constant pressure exerted on law-enforcement officers through a well-informed and aroused public opinion, the results may be very damaging to individual, family, and community health and well-being.

A factor which may well be contributing to the increase of these VD rates may be the fact that the Army and Navy disciplinary controls, effective during the war, can no longer exert their influence over the millions of service men and women who are being discharged from service and are being assimilated into civilian life. While in the service these young people were subjected to control measures, which included educational and preventive methods, compulsory physical examinations, medical treatment and rigid follow-up. Suddenly they are experiencing a "new freedom" in an environment with few restrictions on their conduct. It seems to us that there is a real need for the continuance of the Social Protection Division in the face of these ominous facts.

The Social Protection Division's New York State representative has cooperated with us in promoting the employment by six upstate cities of policewomen and in the organizing of a refresher course for the total of 19 women so employed. Increase in the number of policewomen during the war years has been a factor in the repression of vice conditions in taverns, roadhouses, dance halls, and in the locating and rehabilitation of juvenile sex offenders. The policewomen in these cities have been doing a creditable work which is drawing attention to itself from other cities in need of such assistance. Here, again, a Federal employee, who sees the over-all picture, is informed on effective measures in one community and the need for them in another, is extremely valuable to State and local agencies working in the field of social protection. This same Federal representative has been able to work directly with local Negro representatives, counseling them regarding their community problems.

The cost and upkeep of venereal disease diagnostic and treatment facilities can be kept within reasonable bounds as long as effective VD control measures are maintained through continuance of the present set-up of coordinated agencies, including the Federal Social Protection Bureau. Elimination of the Bureau at this time would be false economy for increased VD rates are very likely to follow, and that in turn would create a need for the expansion of the present laboratory facilities and other diagnostic and treatment facilities at increased public expense.

Our 62 county and city branches have included social hygiene in their programs of work since 1932 and their work and influence have been considerably strengthened and their programs have become more effective since they have had the stimulation and assistance of the Federal Social Protection Division.

The Army, Navy, United States Public Health Service and the American Social Hygiene Association have all expressed confidence in the arrangements and program established by our society, the State Charities Aid Association. New York State officials interviewed have felt that the existing program represents a pattern of operation and cooperation that should remain intact. They pledged support to our association and to the Division of Social Protection and suggested that the representative of this division visit them at least monthly to discuss particular situations in various parts of the State. This has been done with regularity and has been an effective means of getting action where needed.

All of which is respectfully submitted.

Very sincerely yours,

GEORGE J. NELBACH,
Executive Secretary.

EXHIBIT 12

STATE OF CALIFORNIA, DEPARTMENT OF JUSTICE,
San Francisco 2, March 8, 1946.

Hon. JAMES E. MURRAY,
Chairman, Senate Committee on Education and Labor,
Washington, D. C.

DEAR SENATOR MURRAY: As attorney general of California, I have been in a position to observe the effective work being accomplished through the social protection program of the Federal Security Agency. Law-enforcement agencies know that by combating venereal diseases and suppressing commercial prostitution, a full-fledged attack is made against one of the several sources of crime.

I consider this program one of the outstanding socially conscious programs being followed in the country today. I trust that you and the gentlemen comprising your committee will see fit to lend your support to Senate bill 1779 which will assure the continuation of the social protection program.

Sincerely yours,

ROBERT W. KENNY,
Attorney General.

EXHIBIT 13

STATEMENT FOR HEARINGS ON S. 1779 BY ROSWELL P. BARNES, ASSOCIATE GENERAL SECRETARY, THE FEDERAL COUNCIL OF THE CHURCHES OF CHRIST IN AMERICA, MARCH 11, 1946.

The Federal Council of the Churches of Christ in America has not considered S. 1779 specifically. However, at its last biennial meeting the Federal Council took action warmly approving "The great service rendered our Nation by the Army, the Navy, Federal, State and local public-health services, the Federal Security Agency, and the law-enforcement agencies and officers of our country in the substantial progress which has been made toward the suppression of prostitution and the elimination of the brothel from many communities."

It seems obvious that the churches would support appropriate measures to provide for continuing at least some of the services rendered by Federal agencies—notably those which are civilian.

I therefore support S. 1779 in principle, on the grounds that Federal leadership is essential to assist in coordinating and supplementing the efforts of the various interested National, State and local agencies. Having represented church interests on the National Venereal Disease Commission for some time during the war, I have had occasion to learn the point of view of the churches on these matters and am confident that there is widespread support for this measure.

The following executive officers of national boards in churches constituent to the Federal Council or of agencies cooperating with the council have read the above statement and concur in my concluding judgment with regard to this bill:

1. Rev. Donald B. Cloward, executive secretary of the Council on Christian Social Progress of the Northern Baptist Convention.
2. Rev. James A. Crain, executive secretary, department of social welfare of the United Christian Missionary Society of the Disciples of Christ.
3. Rev. Ray Gibbons, director of the Council for Social Action of the Congregational Christian Churches.
4. Rev. Joseph B. Hunter, national director, Race Relations of the Disciples of Christ.
5. Rev. Huber F. Klemme, executive secretary, Commission on Christian Social Action of the Evangelical and Reformed Church.
6. Canon Almon R. Pepper, executive secretary of the Department of Christian Social Relations of the Protestant Episcopal Church.
7. Elsie G. Rodgers, associate director of the Department of Social Education and Action of the Presbyterian Church U. S. A.
8. Miss Louise Young, associate secretary of the United Council of Church Women.

MARCH 11, 1946.

ROSWELL P. BARNES.

EXHIBIT 14

THE AMERICAN LEGION,
Indianapolis 6, Ind.

The Honorable CLAUDE E. PEPPER,
Chairman, Subcommittee on Wartime Health and Education,
Senate Office Building, Washington 25, D. C.

MY DEAR SENATOR PEPPER: An important wartime achievement has been the Nation-wide repression of prostitution. Great credit is due the Federal Security Agency for its leadership in the fight against prostitution and flagrant sex promiscuity. During wartime the American Legion has supported this program as a matter of national policy and of local civic responsibility.

Everyone with a genuine concern for political integrity, public health and the control of juvenile delinquency and crime, knows that commercial prostitution must not return. However, vice interests across the land may well have been biding the time of general relaxation. To continue and expand our gains will require the utmost vigilance and effort by Federal, State, and local government, and organized citizens.

Speaking personally, as a citizen and from my experience on the bench, I am, therefore, glad to learn of Senate bill 1779 and urge its speedy adoption. It is important for the Nation's welfare that the experience, know-how, and cooperative relationships of the Federal Security Agency's Social Protection Division be preserved and extended.

Sincerely yours,

RICHARD HARTSHORNE.

EXHIBIT 15

STATE OF MICHIGAN
MICHIGAN STATE POLICE
EAST LANSING
GRAND RIVER AND SEVEN MILE, DETROIT 19, MICH.,
March 6, 1946.

Hon. CLAUDE PEPPER,
Chairman, Subcommittee on Health and Education,
United States Senate, Washington, D. C.

MY DEAR SENATOR PEPPER: This is in reference to S. 1779, the social protection bill on which a hearing is scheduled March 9, before the Subcommittee on Health and Education.

I feel that invaluable assistance was given local police departments as a result of the several conferences called by the Social Protection Division, Federal Security Agency, to discuss problems concerning the repression of prostitution. Not only was there a media for the exchange of information among police agencies concerning police procedures and techniques in combating prostitution, sex delinquency, and vice conditions, but as a result of the leadership displayed by this Division, many police departments, becoming more aware of the dangers of "red-light" districts, increased their enforcement activity with results most beneficial to the public.

The value of this proposed legislation in the juvenile delinquency prevention field should not be overlooked.

I strongly urge favorable consideration by your committee to this important legislation.

Very truly yours,

DONALD S. LEONARD,
Superintendent, Uniform Division.

EXHIBIT 16

THE SALVATION ARMY,
OFFICE OF THE NATIONAL SECRETARY,
New York 11, N. Y., February 19, 1946.

The Honorable CLAUDE PEPPER,
United States Senate, Washington, D. C.

MY DEAR SENATOR: Bill S. 1779 introduced by you is one which we believe should be passed in the interest of public health and welfare.

The Salvation Army is deeply concerned with all matters pertaining to community well-being, and continued Federal assistance in social protection will be a strong factor in preserving gains already made.

Sincerely yours,

DONALD McMILLAN, *Commissioner.*

EXHIBIT 17

NATIONAL COUNCIL OF JEWISH WOMEN, INC., NEW YORK 23, N. Y.

TESTIMONY IN SUPPORT OF S. 1779

In the name of 65,000 members of the National Council of Jewish Women throughout the United States I am writing in support of S. 1779, a bill providing for the continuance of the federal social protection program which is at present only a temporary service.

Our organization has for many years been concerned with the various aspects of the tremendous social hygiene problem that we have today in our country.

Since 1938 we have been operating under the following resolution concerning social hygiene:

"Whereas venereal diseases, cancer, and tuberculosis rank high among the diseases which imperil the health and well-being of the people of the United States, and

"Whereas these diseases may be cured under modern medical treatment: Therefore be it

Resolved, That the National Council of Jewish Women endorses sound programs of National, State, and local health authorities and organizations in the United States which are working for the elimination or control of these scourges."

Our organization recognizes that the Social Protection Division of the Federal Security Agency was able to be of substantial assistance to the States and communities in combating prostitution during the war period. We believe that it is very important that these wartime gains be held. This can be done only if provision is made now for the continuance of this service. Realizing, too, that such services can be completely ineffectual unless they have sufficient resources in funds and personnel, we respectfully urge that these be provided for that Federal agency.

Because it is so important to the public health and welfare of our country, the National Council of Jewish Women respectfully urge that you give your support to S. 1779.

MRS. JOSEPH M. WELT,
National President.

EXHIBIT 18

STATEMENT IN SUPPORT OF THE PEPPER BILL, S. 1779, SUBMITTED BY THE CONGRESS OF WOMEN'S AUXILIARIES OF THE CIO, WASHINGTON 5, D. C.

The Congress of Women's Auxiliaries of the CIO represents the women in CIO families throughout the country. We are deeply concerned in forwarding the social protection program because we know the terrific cost of the ravages of venereal disease.

We believe that it is of great importance to draw lay organizations, and especially women's organizations, into active participation in efforts to combat venereal disease.

That is one of the important functions which has been performed by the Social Protection Division of the Federal Security Agency. Our own organization is one which has been drawn into active support of the battle against prostitution and venereal disease as a result of the information and material which has come to us from this division.

It is most important, we believe, to continue and intensify the work for social protection in our country. Considerable gains were made during the war. They will be lost unless there is leadership by the Federal Government to stimulate continued interest in this work.

A permanent Social Protection Division would have just that function, and for that reason we urge immediate favorable action on S. 1779, introduced by Senator Pepper, and the identical House Bill, H. R. 5234, introduced by Mrs. Bolton.

EXHIBIT 19

STATEMENT PRESENTED BY DR. DOROTHY BOULDING FEREBEE ON S. 1779—A BILL TO AUTHORIZE THE FEDERAL SECURITY ADMINISTRATION TO ASSIST THE STATES IN MATTERS RELATING TO SOCIAL PROTECTION—15 MARCH 1946

My name is Dorothy Boulding Ferebee. I am a practicing physician in Washington, D. C., and the current treasurer of the National Council of Negro Women.

The National Council of Negro Women which embraces 35 national organizations representing 600,000 Negro women, includes in its program vital concern for the welfare of youth and the stability of family life. It studies the problems of delinquency and disease and knows the devastating effects of prostitution and promiscuity. It knows that the cost in illness, in employment losses, in debased character, in undermined homes; in short, in human wreckage, is a staggering price to pay for the lack of adequate measures of vice prevention and control. The council is, therefore, intensely interested in the social protection bill, S. 1779, to prevent prostitution and to provide for rehabilitation of those involved in it, and believes the impact of vice on every phase of national life is a challenge to every citizen to support the agencies working to combat this peril.

There is general agreement that though the problems of delinquency and disease are essentially the same among all groups of people, the problems among Negro people are accentuated and intensified greatly by unfavorable social and economic conditions. It is admitted that limited job opportunities, overcrowded and broken homes, lack of parental supervision, lack of adequate recreational facilities which drive children to the streets and to delinquency, are reflected in the high incidence of venereal disease, in the excessive number of illegitimate births, and in mounting social costs.

This Social Protection bill which recognizes these conditions as stemming from very deep social causes unrelated to race, has particular importance to Negro people. The National Council of Negro Women will welcome any legislative measure to prevent an upsurge of vice which engulfs and demoralizes the youth of the Nation. It heartily endorses the bill and urges its full support and passage.

EXHIBIT 20

WOMEN'S CITY CLUB OF NEW YORK, INC.,
New York 22, N. Y., March 7, 1946.

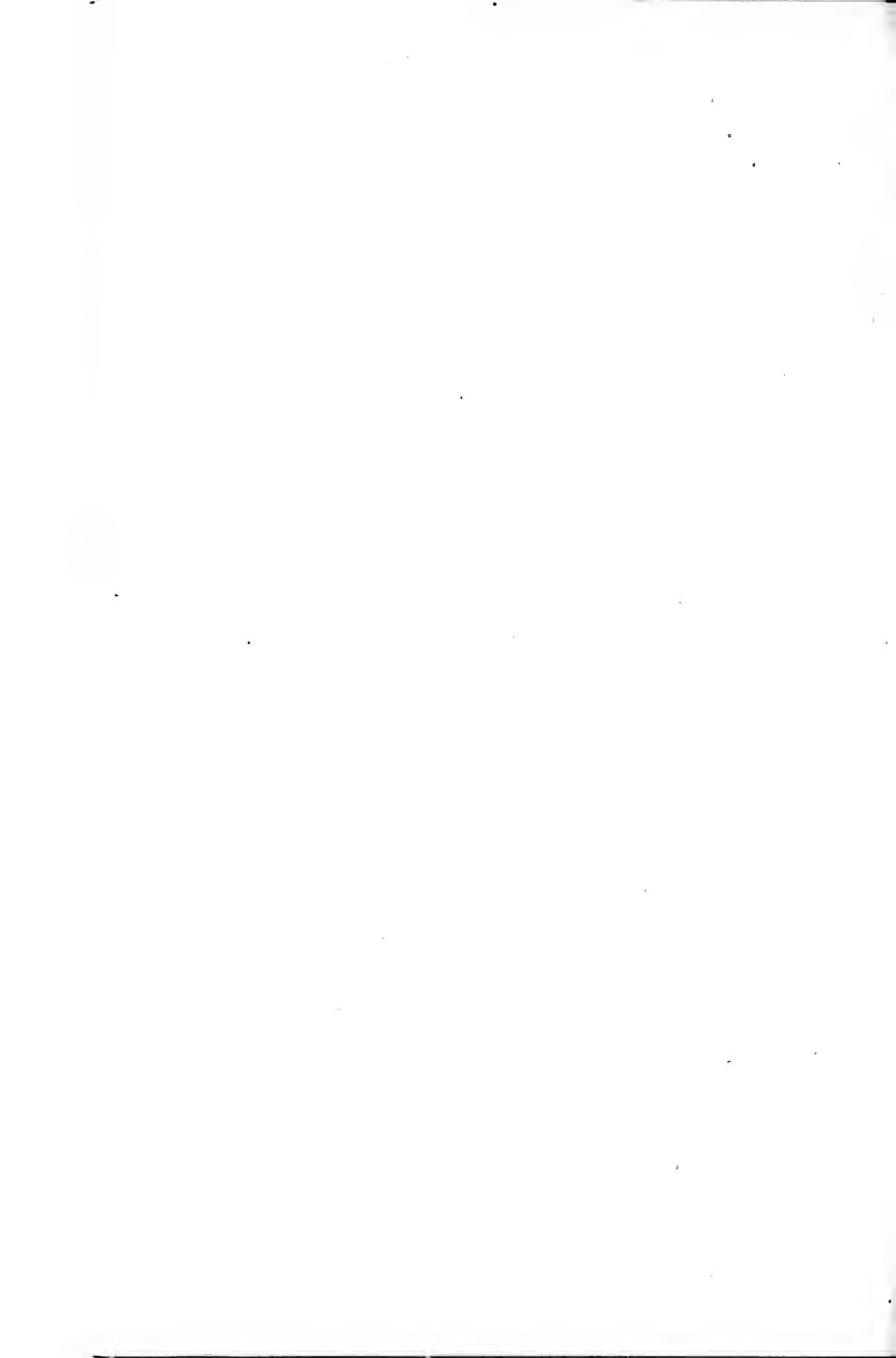
Senator CLAUDE PEPPER,
Senate Office Building, Washington, D. C.

DEAR SENATOR PEPPER: We want the Committee on Education and Labor to know that the Women's City Club of New York strongly supports your bill S. 1779, authorizing the Federal Security Administrator to assist the States in matters relating to social protection.

We believe that the problems in the field of social protection are as serious now as in wartime and that it is vital for the Federal Government to continue to give leadership and assistance to the States in attacking them.

Respectfully,

Mrs. ALFRED WINSLOW JONES.



SOCIAL PROTECTION

HEARINGS

BEFORE

SUBCOMMITTEE NO. 3 OF THE
COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES

SEVENTY-NINTH CONGRESS

SECOND SESSION

ON

H. R. 5234

A BILL TO AUTHORIZE THE FEDERAL SECURITY
ADMINISTRATOR TO ASSIST THE STATES IN
MATTERS RELATING TO SOCIAL PROTEC-
TION, AND FOR OTHER PURPOSES

MARCH 18, 1946

Serial No. 16

Printed for the use of the Committee on the Judiciary



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CONTENTS

	Page
Text of bill.....	1
Statement of Hon. Frances P. Bolton, a Representative in Congress from the State of Ohio.....	2
Letter from National Catholic Welfare Conference, William F. Montavon, director.....	4
Letter from American Federation of Women's Auxiliaries of Labor, Mrs. Herman H. Lowe, president.....	4
Letter and statement from Congress of Women's Auxiliaries of the CIO, Eleanor Fowler, secretary treasurer.....	5
Letter from National Council of Jewish Women, Inc., Mrs. Joseph M. Welt, national president.....	5
Letters from the Welfare Federation of Cleveland, Mrs. Stanlec T. Bates, chairman, social protection committee.....	6
Letter from State of New York Department of Health, Dr. Edward S. Godfrey, Jr., commissioner of health.....	6
Letter from James H. Harland, Orange Village, Ohio.....	7
Letter from Hon. Richard Hartshorne, national law and order committee, The American Legion.....	7
Resolution of the National Congress of Parents and Teachers.....	7
Letter from Dr. Ray Lyman Wilbur, president, American Social Hygiene Association.....	8
Resolution of Federal Council of Churches.....	8
Letter from Michigan Youth Guidance Commission, Milan N. Plavsic, field representative.....	9
Letter from State Board of Health of Missouri, Dr. R. M. James, State health commissioner.....	9
Letter from Women's City Club of New York, Inc., by Mrs. Alfred Winslow Jones.....	9
Letter from National Women's Advisory Committee on Social Protection, Mrs. Horace B. Ritchie, chairman.....	9
Resolution of General Federation of Women's Clubs.....	10
Letter from the Salvation Army, Commissioner Donald McMillan, national secretary.....	10
Statement of Col. K. R. Lundeborg, Assistant Chief, Preventive Medicine Service, Office of the Surgeon General, United States Army.....	11
Statement of Rear Adm. Charles S. Stephenson, Medical Corps, United States Navy (retired).....	12
Statement of Lt. Comdr. Israel M. Kruger, Medical Corps, United States Navy.....	13
Letter from Vice Adm. Ross T. McIntire, Surgeon General, United States Navy.....	13
Statement of Dr. John H. Stokes, director of the Institute for the Study of Venereal Disease, University of Pennsylvania.....	14
Statement of Hon. Charles P. Taft, Chairman of the National Advisory Committee on Social Protection and Venereal Diseases to the Adminis- trator of the Federal Security Agency.....	16
Statement of Fred A. Roff, president, International Association of Chiefs of Police.....	22
Statement of Ralph E. Elser, Sheriff, Youngstown, Ohio.....	24
Letter from the National Sheriffs' Association, Charles J. Hahn, Jr., ex- ecutive secretary.....	28
Telegram from William Souter, past president, National Sheriffs' Associa- tion and present member of board of governors.....	29

	Page.
Statement of Dr. Walter Clark, Executive Director, American Social Hygiene Association.....	29
Statement of Dr. Joseph Moore, Associate Professor of Medicine, Johns Hopkins University Medical School.....	31
Statement of Dr. J. R. Heller, Chief, Venereal Disease Division, United States Public Health Service.....	32
Statement of Hon. Watson B. Miller, Administrator, Federal Security Agency.....	33
Statement of Mrs. Horace B. Ritchie, chairman, National Women's Advisory Committee for Social Protection.....	46
Statement of Ray H. Everett, executive secretary, District of Columbia Social Hygiene Society.....	48
Statement of Mrs. Esther Emerson Sweeney, field representative, American Social Hygiene Association.....	49
Statement of Eliot Ness, Cleveland, Ohio.....	51
Statement of Thomas Devine, Director, Social Protection Division, Federal Security Agency.....	52
Statement submitted by Capt. Rhoda J. Milliken, Woman's Bureau, Metropolitan Police Department, Washington, D. C.....	53
Letter to the Governor of Alabama, Hon. Chauncey Sparks, by Hon. Watson B. Miller, Administrator of the Federal Security Agency.....	53
Letter from Geo. Bliss Jones, secretary to the Governor of the State of Alabama.....	54
Letter from the Governor of Arizona, Hon. Sidney P. Osborn.....	55
Letter from the Governor of Arkansas, Hon. Ben Laney.....	55
Letter from the Governor of California, Hon. Earl Warren.....	55
Letter from the attorney general, State of California, Hon. Robert W. Kenny.....	55
Letter from the Governor of Colorado, Hon. John C. Vivian.....	56
Letter from the Division of Public Health, State of Colorado, Ward L. Chadwick, director.....	56
Letter from the Governor of Florida, Hon. Millard F. Caldwell.....	56
Letter from the Governor of Indiana, Hon. Ralph F. Gates.....	57
Letter from the Governor of Kansas, Hon. Andrew F. Schoeppel.....	57
Letter from Ralph A. Homan, executive secretary to the Governor of the State of Kentucky.....	58
Letter from Wallace C. Philoon, administrative assistant to the Governor of Maine.....	57
Letter from the Governor of Illinois, Hon. Dwight H. Green.....	57
Letter from the Department of Public Health of the Commonwealth of Massachusetts, Vlado A. Getting, commissioner.....	58
Letter from Arlan G. Ley, executive secretary to the Governor of the State of Michigan.....	58
Letter from the Governor of Minnesota, Hon. Edward J. Thye.....	58
Letter from W. E. Barksdale, secretary to the Governor of the State of Mississippi.....	59
Letter from Ken R. Keller, secretary to the Governor of the State of Nebraska.....	59
Letter from the Governor of Nevada, Hon. Vail Pittman.....	59
Letter from the Governor of New Jersey, Hon. Walter E. Edge.....	59
Letter from the Governor of New Mexico, Hon. John J. Dempsey.....	60
Letter from the Department of Health, State of New York, Edward S. Godfrey, Jr., commissioner of health.....	60
Letter from the Governor of North Carolina, Hon. R. Gregg Cherry.....	60
Letter from the Governor of Ohio, Hon. Frank J. Lausche.....	60
Letter from the Governor of Oregon, Hon. Earl Snell.....	61
Letter from the Governor of Pennsylvania, Hon. Edward Martin.....	61
Letter from the Governor of Rhode Island, Hon. John O. Pastore.....	61
Letter from the Governor of South Carolina, Hon. Ransome J. Williams.....	61
Letter from the Governor of South Dakota, Hon. M. Q. Sharpe.....	62
Letter from Harold C. Sylvester, secretary of civil and military affairs, State of Vermont.....	62
Letter from the Governor of West Virginia, Hon. Clarence W. Meadows.....	62
Letter from Jack Gorrie, assistant to the Governor of the State of Washington.....	63
Letter from Mrs. J. Austin Stone, legislative chairman, National Women's Trade Union League of America.....	63

SOCIAL PROTECTION

MONDAY, MARCH 18, 1946

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE OF THE COMMITTEE ON THE JUDICIARY,
Washington, D. C.

The subcommittee met at 10 a. m., Hon. Francis E. Walter (chairman) presiding.

Mr. WALTER. The meeting will please come to order.

We have before us for consideration this morning H. R. 5234, introduced by Mrs. Bolton, a bill to authorize the Federal Security Administrator to assist the States in matters relating to social protection, and for other purposes.

(The bill referred to is as follows:)

[H. R. 5234, 79th Cong., 2d sess.]

A BILL To authorize the Federal Security Administrator to assist the States in matters relating to social protection, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Federal Security Administrator, through such officers or employees or units of the Federal Security Agency as he may designate, is authorized, by means of technical and professional advisory services and the collection and publication of information, to assist the several States and, through or at the request of appropriate State officials of the respective States, their political subdivisions, and to assist nongovernmental organizations (a) to develop and carry out, particularly in areas where such measures are of importance to military or naval personnel, measures designed to prevent prostitution, eliminate conditions contributing to sex delinquency, and provide services for the rehabilitation of sex delinquents; and (b) to foster cooperation in communities between law enforcement, welfare, and other public and private activities for the purpose of preventing prostitution, eliminating conditions contributing to sex delinquency, and providing services for the rehabilitation of sex delinquents.

SEC. 2. The Federal Security Administrator is authorized to appoint such advisory committees, and to call such conferences of representatives of Federal departments and agencies, and of interested professions and organizations, public and private, as may be necessary to carry out the purposes of this Act. Members of any such committee, while attending meetings or conferences or while otherwise serving the Federal Security Administrator in carrying out the purposes of this Act, and persons attending any such conference, shall be entitled, unless they are officers or employees of the United States, to receive an allowance for actual and necessary traveling expenses and \$10 per day in lieu of subsistence expenses while so serving away from their places of residence.

SEC. 3. Nothing contained in this Act shall be construed as limiting or impairing the authority or responsibility of any department or agency of the Government under any other Act.

SEC. 4. As used in this Act, the term "State" includes the District of Columbia and Territories and possessions of the United States.

Mr. WALTER. Mrs. Bolton, we will be glad to hear you at this time.

**STATEMENT OF HON. FRANCES P. BOLTON, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF OHIO**

Mrs. BOLTON. Mr. Chairman and members of the committee, I very much appreciate the privilege of appearing before you to make a brief statement in support of my bill and to present to you as witnesses certain eminent men and women who have a deep interest in the legislation before you.

On January 24 I introduced into the House of Representatives bill H. R. 5234. The purpose of this bill is to enable the Social Protection Division of the Federal Security Agency to continue its technical advisory services to States and communities in a continuing war on prostitution and sex delinquency, which inevitably result in venereal disease, corruption in high and low places, adult crime, and juvenile delinquency.

That the extent of prostitution and sex delinquency is directly reflected in venereal-disease rates has been statistically proven by numerous studies and is attested by every public-health authority.

The International Association of Chiefs of Police in its postwar planning report has pointed out—

that whenever scandals were exposed in police departments and in other branches of government, it was found that the corrupting influences of commercialized prostitution were the causes of the scandal.

No one concerned with youth can fail to fight this evil thing in every possible way.

Organized vice is always a rallying point for gamblers, blackmailers, dope peddlers, and their ilk. Police and sheriffs have joined in saying, "We did ourselves a favor when we eliminated prostitution."

With the stimulation and the assistance of the Social Protection Division, communities throughout the land have largely suppressed organized prostitution. This is true even of hundreds of cities and towns that had never before questioned the "necessity" of this evil. Division representatives have helped to convince local officials of the importance and the possibility of having clean communities. They have aroused civic leaders and brought support for good law enforcement. They have exposed the fallacy of "once a prostitute, always a prostitute," and have helped develop successful programs of redirection.

There has, however, been no "VP-day." Prostitution interests have made a strategic retreat in the face of a united Federal-State-local attack. But exploiters have retained their buildings and are currently recruiting girls among displaced war workers and across our borders. Mostly they are impatiently biding the end of Federal activity and a let-down in local efforts, but in many places they have experimentally reopened. To the extent that the Social Protection staff has been available to answer the calls of local officials and citizen groups, these experiments have been defeated.

The issue which this bill poses is whether the gains of the last few years are to be consolidated and extended now while organized vice is beaten back or whether efforts are to be suspended, prostitution is to become reëntrenched, and we are to leave to some future day the responsibility of starting again the fight against this enemy of youth and civic decency.

During the last 5 years the Federal Security Agency has conducted a social-protection program that has resulted in houses of prostitution being closed in over 700 communities, and in improved measures for the control of clandestine prostitution and promiscuity. It has proven itself an important factor in reducing venereal disease infections.

Now these gains are in jeopardy.

Federal social protection as a wartime activity has been sharply curtailed. Former vice interests, counting on a cessation of Federal effort, and local communities following suit, have already reopened their houses or indicate they expect to do so soon. Most of them never gave up the titles or leases on their former brothels.

Field studies recently made by the American Social Hygiene Association, of which I am a vice president, in 181 of the 700 cities closed during the war showed that by last December commercialized prostitution was again easily accessible in 50 of them.

We cannot go backward. We must not give ground to promoters, shady real-estate operators, and their frontmen who breed juvenile delinquency, crime, corruption, and disease.

Effective national and local effort will be required to check increasing prostitution, sex delinquency, and venereal disease. The Federal Security Agency should be enabled to provide communities, as it did during the war, with the impetus, the technical knowledge and guidance in combating these conditions. Their correction is necessary to our national welfare. That is the purpose of my bill.

The next few years will determine whether wartime advances are to be retained and extended or whether these gains resulting from the expenditure of time, effort, and money of Federal, State, and local governments and private individuals and organizations are to be lost.

I was particularly happy to have the bill come to the Judiciary Committee and to this subcommittee certain of the sincerity with which every member will study the problem involved and to do what is best for our people.

In discussing the bill with those with whom I have consulted, since the bill was introduced, needs have been brought out which suggest that a few minor changes in the bill now before you would be wise. The first two are purely technical and consist of substituting "among" for the word "between" in line 6 on page 2, and substituting for lines 18 to 23, the following:

serving in carrying out the purpose of this act, and persons attending any such conference, shall be entitled, while so serving away from their places of residence, to actual and necessary traveling expenses and, unless they are officers or employees of the United States, to \$10 per day in lieu of subsistence expenses.

This last change is to avoid any possible misinterpretation which might deprive a Federal employee of his normal subsistence expenses while attending meetings or conferences.

Because of the big and important job to be done and the many millions of dollars that the prostitution racket has at stake, some Members of Congress quite naturally assume that the carrying out of the provisions of this bill might require a large appropriation. Quite the contrary is true. In fact, I know of no other program that would contribute so much to the general welfare for such a modest

sum as that contemplated. In order to prevent any misconception, I would like to suggest adding to the bill the following section:

SEC. 5. For the purpose of carrying out the provisions of this Act, there is hereby authorized to be appropriated for the fiscal year ending June 30, 1947, the sum of \$700,000; and there are hereby authorized to be appropriated for each fiscal year thereafter such sums as may be necessary for carrying out such provisions.

As to some of the letters which I have received, I would like to comment upon them briefly and then insert them in the record, if I may, Mr. Chairman. I think probably you also have had copies of some of them.

The National Catholic Welfare Conference, through Mr. William F. Montavon, the director, is very enthusiastic for this bill. In his letter he says:

NATIONAL CATHOLIC WELFARE CONFERENCE,
Washington 5, D. C., February 11, 1946.

HON. FRANCES BOLTON,
United States Congress, Washington, D. C.

DEAR MRS. BOLTON: I have read with interest and approval your excellent statement appearing in the Congressional Record for Friday, January 25, 1946. I have examined H. R. 5234.

I am in agreement regarding the purpose of this bill. I am heartily in sympathy with the provision for the collection and distribution of exact, practical information, and I believe much good can be achieved through conferences at which informed individuals can exchange experiences and purposes and reach coordinated conclusions.

If I can contribute to the favorable consideration of H. R. 5234, kindly advise me.

Sincerely,

WILLIAM F. MONTAVON.

Mrs. BOLTON. The American Federation of Women's Auxiliaries of Labor, Mrs. Herman H. Lowe, the president of the organization, writes as follows:

AMERICAN FEDERATION OF WOMEN'S AUXILIARIES OF LABOR,
Goodlettsville, Tenn., February 24, 1946.

HON. FRANCES PAYNE BOLTON, M. C.,
House Office Building, Washington 25, D. C.

DEAR MRS. BOLTON: The bill you introduced, H. R. 5234, is a worthy measure. The country at large stands to profit by the enactment of such legislation.

Always there has been a tendency toward loose living on the part of a minority of American women, due mostly to lack of education and lack of privileges, but conditions flourished during the years of World War II, because of increasing opportunities, and unless concerted effort is exerted prostitution will become a dangerous social enemy in the postwar years and the reconversion period.

Naturally, we expect our Federal Government to set an example in controls for such a national problem. The Federal Security Agency should be continued with sufficient financial assistance to aid local authorities and agencies who are in a position to combat prostitution and related conditions to secure the enforcement of rigid laws and effective ordinances.

Furthermore, adequate personnel should be made available to insure a thorough job. Federal action and supervision is necessary if the youth of America is to have the opportunity to develop into morally sound individuals.

Sincerely yours,

Mrs. HERMAN H. LOWE.

Mrs. BOLTON. The Congress of Women's Auxiliaries of the CIO, through Miss Eleanor Fowler, writes as follows:

CONGRESS OF WOMEN'S AUXILIARIES OF THE CIO,
Washington 5, D. C., March 8, 1946.

Mrs. FRANCES BOLTON,
House Office Building, Washington 25, D. C.

DEAR MRS. BOLTON: We were so glad to see that you have introduced in the House the bill to make permanent the present Social Protection Division of the Federal Security Agency. I have been serving as a member of the Women's Advisory Committee of that Division and am thoroughly convinced of the importance of continuing this work.

Enclosed is a copy of a statement in support of the bill which our organization is submitting for the record of the Senate hearings tomorrow.

Cordially,

ELEANOR FOWLER, *Secretary-Treasurer.*

STATEMENT IN SUPPORT OF THE PEPPER BILL, S. 1779

The Congress of Women's Auxiliaries of the CIO represents the women in CIO families throughout the country. We are deeply concerned in forwarding the social protection program because we know the terrific cost of the ravages of venereal disease.

We believe that it is of great importance to draw lay organizations, and especially women's organizations, into active participation in efforts to combat venereal disease.

That is one of the important functions which has been performed by the Social Protection Division of the Federal Security Agency. Our own organization is one which has been drawn into active support of the battle against prostitution and venereal diseases as a result of the information and material which has come to us from this Division.

It is most important, we believe, to continue and intensify the work for social protection in our country. Considerable gains were made during the war. They will be lost unless there is leadership by the Federal Government to stimulate continued interest in this work.

A permanent Social Protection Division would have just that function, and for that reason we urge immediate favorable action on S. 1779, introduced by Senator Pepper, and the identical bill, H. R. 5234, introduced by Mrs. Bolton.

Mrs. BOLTON. The National Council of Jewish Women, Inc., through Mrs. Joseph M. Welt, the national president of the organization, writes as follows:

NATIONAL COUNCIL OF JEWISH WOMEN, INC.,
New York 23, N. Y., March 5, 1946.

Congresswoman FRANCES PAYNE BOLTON,
House of Representatives, House Office Building,
Washington, D. C.

DEAR MADAME: The National Council of Jewish Women wishes to express its appreciation to you for having introduced into the House of Representatives H. R. 5234 concerning continuance of Federal assistance to States and localities to combat prostitution.

During the war the Social Protection Division of the Federal Security Agency proved itself of great assistance in the social protection of States and communities. We think that it is more important than ever that these wartime gains be held. This can be done only if the Social Protection Division, which is at present a temporary service, is continued. We hope, too, that Congress will grant sufficient funds and personnel to enable this organization to run with maximum effectiveness.

Sincerely yours,

Mrs. JOSEPH M. WELT, *National President.*

Mrs. BOLTON. From the Welfare Federation of Cleveland, through Mrs. Stanlee T. Bates, chairman of the social protection committee, I

received the following letter, to which is attached a copy of a letter addressed to Senator James Huffman, which I would like to insert in the record.

(The letters referred to are as follows:)

THE WELFARE FEDERATION OF CLEVELAND,
Cleveland 15, Ohio, February 14, 1946.

HON. FRANCES P. BOLTON,
House Office Building, Washington 25, D. C.

MY DEAR MRS. BOLTON: The social protection committee of the Welfare Federation was greatly encouraged to hear from Dr. Thomas Parran that you have introduced a bill to continue the support of the Social Protection Division of the Federal Security Agency. We, too, are concerned that this program be maintained.

You may be interested in the enclosed copy of a letter which we are sending to Ohio delegates in Washington.

Sincerely yours,

MRS. STANLEE T. BATES,
Chairman, Social Protection Committee.

THE WELFARE FEDERATION OF CLEVELAND,
Cleveland 15, Ohio, February 14, 1946.

Senator JAMES HUFFMAN,
Senate Office Building, Washington 25, D. C.

DEAR SENATOR HUFFMAN: The social protection committee of the Welfare Federation of Cleveland has asked me to tell you of its high regard for the work done by the Social Protection Division of the Federal Security Agency and its conviction that this program should be continued. With the inevitable let-down following the release from war effort, we face an alarming uptrend in venereal disease infections. Meeting this problem is a local job, yet the local communities need the backing and advice of the Social Protection Division of the Federal Security Agency. We believe it is highly important that a good job of social control be done now while millions of young men just released from military service are returning to our local communities.

Sincerely yours,

MRS. STANLEE T. BATES,
Chairman, Social Protection Committee.

Mr. WALTER. I think it might be well, Mrs. Bolton, if you would insert the remaining letters you have in the record, and such other material as you may desire to insert in reference to this subject matter.

Mrs. BOLTON. I will be very glad to do that, Mr. Chairman. I will be glad to insert them in the record at this point as a part of my testimony. I have other letters which I am sure you will want to clear with similar letters you have probably received.

(The letters referred to are as follows:)

STATE OF NEW YORK,
DEPARTMENT OF HEALTH,
Albany, February 21, 1946.

Re: H. R. 5234
HON. FRANCES PAYNE BOLTON,
House of Representatives,
Washington, D. C.

DEAR CONGRESSWOMAN BOLTON: I wish to assure you of my hearty support of this bill.

In the course of the work of the syphilis control division of this department, it has become apparent that prostitution may contribute largely to the transmission of the venereal diseases, and that no methods of regulation of this practice suffice to prevent such transmission. Suppression is the only answer.

During the war years, we have been ably assisted in New York State by the representative of the Social Protection Division of the Federal Security Agency assigned to this area. On a number of occasions his work, together with that of

this department, has led to official action to close brothels which had been operating in up-State New York communities for many years. And now, with the decrease of interest which followed the surrender of Japan, there is evidence of increased activity in places which had formerly been operated as houses of prostitution. Infectious syphilis has already increased in New York State 80 percent above prewar years. We are more than ever in need of the assistance of the Social Protection Division of the Federal Security Agency at this time.

Sincerely yours,

EDWARD S. GODFREY, Jr.,
Commissioner of Health.

ORANGE VILLAGE, OHIO, February 3, 1946.

DEAR FRIEND MRS. BOLTON. Was glad to hear of your proposed bill for vice controls as used during the war, to be continued as a protection against juvenile delinquency in peacetime. I have the booklet issued to all law-enforcement officers by the Federal Security Agency. Title: Techniques of Law Enforcement Against Prostitution. I have been confronted with it as safety director at Cleveland Twist Drill Co., also been threatened, should I expose the individuals, helpless because of lack of support from management feeling it was none of my business. Our good friend Thomas Skode was in favor of any program which helped to stamp it out, but he like others, suffered disappointment. So I say it should become law. May I submit the enclosed petition hoping through your efforts something in Ohio might be done also to curb the use of firearms.

Trusting you may have full support for your bill, I remain

Yours sincerely,

JAS. H. HARLAND.

THE AMERICAN LEGION,
Indianapolis 6, Ind.

THE HONORABLE FRANCES P. BOLTON,
House of Representatives, Washington, D. C.

DEAR MRS. BOLTON: An important wartime achievement has been the Nation-wide repression of prostitution. Great credit is due the Federal Security Agency for its leadership in the fight against prostitution and flagrant sex promiscuity. During wartime the American Legion has supported this program as a matter of national policy and of local civic responsibility.

Everyone with a genuine concern for political integrity, public health, and the control of juvenile delinquency and crime knows that commercial prostitution must not return. However, vice interests across the land may well have been biding the time of general relaxation. To continue and expand our gains will require the utmost vigilance and effort by Federal, State, and local government, and organized citizens.

Speaking personally, as a citizen and from my experience on the bench, I am, therefore, glad to learn of the introduction of your bill H. R. 5234, and congratulate you on this progressive action. I hope the Congress will give it early and favorable consideration. It is important for the Nation's welfare that the experience, know-how, and cooperative relationships of the Federal Security Agency's Social Protection Division be preserved and extended.

Sincerely yours,

RICHARD HARTSHORNE.

RESOLUTION ADOPTED BY THE NATIONAL CONGRESS OF PARENTS AND TEACHERS AT A MEETING OF THE BOARD OF DIRECTORS, KANSAS CITY, DECEMBER 5-6, 1945

NOTE.—Membership of the congress includes 3,054,960 individuals, and 28,000 local associations in 48 States, the District of Columbia, Alaska, Hawaii and Puerto Rico.

A RESOLUTION ON A SOCIAL PROTECTION AGENCY

Whereas United efforts of National, State, and local agencies, both official and voluntary, will be necessary to hold and improve the gains made in wartime against prostitution and allied conditions: Therefore be it

Resolved, That the National Congress of Parents and Teachers stress the need for continued Federal service and support to States and local groups, so as to

develop policies and programs for combatting prostitution and allied conditions—support similar to that given by the Social Protection Division, which is at present a temporary Federal wartime agency; furthermore, be it

Resolved, That such a Federal agency should have the necessary status, funds, and personnel to permit it to work effectively with State and local groups.

(At the same meeting the congress board also adopted resolutions calling for continuation of the principles of the May Act, and for participation of members in all community efforts designed to raise the standards of community life, to reinforce ethical sex conduct, and to provide suitable training, guidance and protection for youth.)

STANFORD UNIVERSITY,

Stanford University, Calif., February 11, 1946.

HON. FRANCES P. BOLTON,

House of Representatives, Washington, D. C.

MY DEAR FRIEND: May I tell you of my gratitude to you for introducing House bill 5234. I am sure that it will be very helpful and hope that it will meet with ready response. It is gratifying to know that a similar bill has gone before the Senate with the support of a bipartisan group of Senators. There are many real difficulties, as you know, in holding the gains that have been made during the war in the control of the venereal diseases. Any break-down in our civilian communities is going to be very costly, particularly during this period of uncertainty and of free and rather reckless behavior.

With much appreciation, and kindest personal wishes,

Faithfully,

RAY LYMAN WILBUR,

President, American Social Hygiene Association.

FEDERAL COUNCIL OF CHURCHES ADOPTS NEW SOCIAL HYGIENE RESOLUTION

The national social hygiene program gains fresh support from church groups through the resolution adopted at the biennial meeting of the Federal Council of the Churches of Christ in America on November 30 in Pittsburgh. The resolution, entitled "The Problem of Venereal Disease," reads as follows:

"The Federal Council of the Churches of Christ in America registers its warm appreciation of the great service rendered our Nation by the Army, the Navy, Federal, State, and local public-health services, the Federal Security Agency, and the law-enforcement agencies and officers of our country in the substantial progress which has been made toward the suppression of prostitution and the elimination of the brothel from many communities.

"Much progress has been made toward the control of venereal disease. However, following a steady decline in the incidence of such disease among the armed forces during the early years of the war, the trend has recently been reversed and the incidence has been increasing. This change is apparently due to an increase in promiscuity.

"It is obvious that the scourge of venereal disease must be attacked on four fronts—the health, the welfare, the legal, and the moral fronts. We believe that governmental and other public agencies have a responsibility to present the facts of the situation including quarterly statistical data on the incidence of venereal diseases for States and cities, to the public, and to undertake a general educational campaign. Various professional groups and institutions with special competence and responsibility in their respective fields should carry the attack upon the first three fronts and the churches should support them.

"This, however, as the Archbishop of Canterbury has said, is not a medical problem with a moral aspect, but a moral problem with a medical aspect, and unless there is much more effective work on the moral front, the other efforts will fail. We, therefore, urge the churches to undertake an aggressive campaign to restore a general recognition of the fundamental moral standards of Christian family life. Nothing less will afford a sound foundation for strong national life. Ministers should present faithfully to their people the New Testament teaching about fornication. It is the home and the welfare of our Nation that are at stake."

MICHIGAN YOUTH GUIDANCE COMMISSION,
Lansing, February 28, 1946.

Representative FRANCES P. BOLTON,
House of Representatives,
Washington 25, D. C.

DEAR MADAM: The Children's Welfare Information Service, Inc., bulletin of February 6, 1946, carried a resume of your House bill No. 5234 relating to social protection. Inasmuch as the information at hand is brief and rather incomplete, we would appreciate receiving several copies of this act in its entire form and also, if possible, an analysis of it.

Our commission is designed to mobilize the forces of all agencies into a unit of action to combat the forces that are undermining the youth of this State and legislation such as your House bill No. 5234 is of interest to us.

Trusting that we may have the required information and wishing you success in your endeavor, I remain,

Sincerely yours,

MILAN N. PLAVSIC,
Field Representative.

THE STATE BOARD OF HEALTH OF MISSOURI,
City of Jefferson, February 11, 1946.

HON. FRANCES P. BOLTON,
House of Representatives,
Washington, D. C.

DEAR MRS. BOLTON: I am very much interested in House bill 5234 which was introduced in Congress by you on January 24.

I believe the continuation of Federal-State cooperation especially with Federal assistance will be necessary in the continuation in the efforts to control venereal diseases.

Respectfully yours,

R. M. JAMES, M. D.,
State Health Commissioner.

WOMEN'S CITY CLUB OF NEW YORK, INC.,
New York 22, N. Y., March 8, 1946.

HON. FRANCES P. BOLTON,
House Office Building, Washington, D. C.

DEAR MRS. BOLTON: The Women's City Club of New York strongly supports the bill (S. 1779) authorizing the Federal Security Administrator to assist the States in matters relating to social protection.

We believe that the problems in the field of social protection are as serious now as in wartime and that it is vital for the Federal Government to continue to give leadership and assistance to the States in attacking them.

Respectfully,

MARY CARTER JONES.

NATIONAL WOMEN'S ADVISORY COMMITTEE ON SOCIAL PROTECTION,
Washington 9, D. C., February 4, 1946.

HON. FRANCES PAYNE BOLTON,
House of Representatives, Washington, D. C.

DEAR MRS. BOLTON: I want you to know how much I appreciate your sponsorship of H. R. 5234 providing for a permanent social-protection program. Those of us who are vitally interested in a sound total community approach to the control of venereal disease realize that the gains made in wiping out prostitution and promiscuity during the war can only be maintained if the Federal Security Agency is enabled to continue this important service to State and local groups.

Your great interest in this measure and your remarks in the House of Representatives on January 25 are indicative of the forward progressive thinking that is so needed for our national welfare.

Very truly yours,

EDITH A. RITCHIE, Chairman.

GENERAL FEDERATION OF WOMEN'S CLUBS—SOCIAL PROTECTION DIVISION

Whereas there is evidence that the gains made against prostitution and allied conditions during the war are definitely threatened with loss; and

Whereas this loss would undermine the strength and soundness of marriage and family life; and

Whereas character education by home, church, and school must be supported by community action in enforcing laws regarding prostitution; and

Whereas the Social Protection Division of the Federal Security Agency has cooperated successfully with communities in developing policies and programs in this field: Therefore

Resolved, That the board of directors of the General Federation of Women's Clubs urges the continuance of the Social Protection Division of the Federal Security Agency with the necessary status to permit it to work effectively; and be it further

Resolved, That the board express its conviction that Congress should devise means whereby the principles stated in the May Act be continued through laws designed to furnish similar protection in times of peace.

Presented by:

MRS. MARJORIE B. ILLIG,
Chairman, Public Health Committee.

DECEMBER 1, 1945.

Published in Congressional Record December 20, 1945, page 12581.

THE SALVATION ARMY,
New York 11, N. Y., February 19, 1946.

The Honorable FRANCES PAYNE BOLTON,
House of Representatives, Committee on the Judiciary,
Washington, D. C.

DEAR MADAM: The Salvation Army is deeply interested in the health and welfare of the communities in which it serves.

Therefore, we feel it is important that bill H. R. 5234, as presented by you, be accepted and passed by the House of Representatives. The chart which accompanies this bill shows quite clearly the dangers of curtailing Federal social protection.

We cannot afford to go back.

Sincerely yours,

DONALD McMILLAN, *Commissioner.*

Mrs. BOLTON. We have felt very strongly our appreciation of your willingness to give us this hearing. We are particularly anxious that this bill might come to the floor of the House as promptly as possible, and would like to have the House bill accepted rather than the Senate bill which Senator Pepper has introduced. We have a particular sense of the seriousness of the matter, and would like to have the representatives of the people, as we consider ourselves, pass upon the matter as promptly as possible.

Mr. WALTER. It seems to me, and I am speaking only as an individual, that it would be a pity to lose the gains made during the World War. Now that many women will not have the job opportunity they had during the war, it appears to me that something should be done by way of protection.

Mrs. BOLTON. Mr. Chairman, permit me to thank this committee again for your courtesy and even more strongly for the sincere interest you have expressed in the subject in hand.

Mr. WALTER. Thank you very much, Mrs. Bolton.

We have a large list of witnesses, and our time is limited, and I hope you will be able to make your statements as short as you possibly can and still cover the ground.

The next witness is Colonel Landeberg.

STATEMENT OF COL. K. R. LUNDEBERG, ASSISTANT CHIEF, PREVENTIVE MEDICINE SERVICE, OFFICE OF THE SURGEON GENERAL, UNITED STATES ARMY

Mr. WALTER. You may proceed, Colonel.

Colonel LUNDEBERG. Mr. Chairman, we in the Surgeon General's Office are very much concerned that we do not lose the advantages that have already been gained in connection with the security and protection given to our troops in camps in the United States.

During the war period the Army put into effect a mass educational program in regard to venereal disease such as had never been tried before. The result of this was the lowest venereal disease rate in any period in our history.

The success of the Army venereal disease control program during the war period in the Continental United States depended in a large measure upon the effectiveness of control of prostitution activity in nearby local communities. It was from civilian sources in these communities that military personnel acquired infection. The Army therefore had a substantial stake in the development of satisfactory programs for the repression of prostitution and other vice conditions in civilian communities. It was in the development of these community programs and the enlistment of continuing public support that the Social Protection Division played such a vital role.

In the fall of 1939 the War and Navy Departments, the Federal Security Agency, the American Social Hygiene Association, and State health departments entered into an agreement known as the "eight-point agreement." The purpose of this agreement was for the control of venereal disease in areas where armed forces were concentrated. The Social Protection Division, as one of the cooperative agencies, made many careful studies of prostitution conditions. By bringing together law-enforcement agencies, chiefs of police, State and local police officers, and country sheriffs, and acquainting them with techniques for repressing prostitution, promiscuity, and vice, the Social Protection Division was able to alleviate these conditions. Due to the excellent cooperation given the Social Protection Division by the various law-enforcement agencies, it became necessary to invoke the May Act only twice during the entire war period.

Close cooperation between the Army and the Social Protection Division had the advantage of presenting to the communities a united military-civilian front. As a result of this cooperative effort, some 700 "red light" districts and hundreds of isolated houses were closed.

Now, more than at any other time, there is need for the Social Protection Division. There are indications that there is a rising tide of prostitution activities in a good many parts of the country. The maintenance of strong law-enforcement measures are important for the health and welfare not only of the civilian population but the Army as well. We must hold the line against the venereal peril.

The discontinuance of the functions of the Social Protection Division at this time would adversely affect the gains already made by encouraging a resurgence of prostitution, vice, and venereal disease. For this reason it is our earnest hope that the assistance rendered to the Army by the Social Protection Division of the Federal Security Agency may be continued.

Mr. WALTER. The next witness is Maj. Louis Altshuler, of the Medical Corps of the United States Army.

Major ALTSHULER. Mr. Chairman, I do not have a statement to make, but simply endorse what has been said by Colonel Lundeborg.

Mr. WALTER. The next witness is Rear Adm. Charles S. Stephenson. Will you identify yourself, Admiral?

STATEMENT OF REAR ADM. CHARLES S. STEPHENSON, MEDICAL DEPARTMENT, UNITED STATES NAVY—(Retired)

Admiral STEPHENSON. Mr. Chairman, my name is Rear Adm. Charles S. Stephenson, Medical Corps, United States Navy, retired. But I am appearing here this morning as a civilian and not as a naval officer.

It seems to me, Mr. Chairman, that this bill now under consideration deserves a tremendous amount of consideration and endorsement on the part of every clear-thinking citizen.

In 1938 through 1942 I was in the Division of Preventive Medicine which was charged with the responsibility for the Navy venereal disease control program. We gave particular attention at that time to improving and extending the benefits of the program which had been established in various localities throughout the United States under the leadership of the United States Public Health Service. As a result of that work, many of us felt as the war clouds gathered that if the gains we had made up to that time were to be held and extended it would be necessary to organize for the military and civilian agencies concerned a united front. There resulted the 8-point agreement between the Army, Navy, United States Public Health Service, and the American Social Hygiene Association. It soon became apparent that a Federal agency was required to assist States and local communities in the law enforcement and social aspects of the complete program agreed upon. The Social Protection Division of the Federal Security Agency was therefore set up to supplement the programs of the Army, Navy, and the United States Public Health Service. This agency of the Federal Government made it possible very quickly to obtain information as to where organized prostitution was being practiced flagrantly to the detriment of the health, welfare, and morals of servicemen. Through both advisory and direct services rendered to local communities they assisted us greatly in breaking up the demoralizing influences of this organized vice. Our success in coping with the venereal disease problem in the naval service was in large part the result of the increased law-enforcement activity against prostitution stimulated by the Social Protection Division.

Now we have received a sufficient amount of warning that organized prostitution is again rearing its head and showing a tremendous amount of activity. As always, there has been a tremendous amount of dislocation of families, both during and after the war. This dislocation, along with adverse changes in the employment status of women, has led to a tremendous social instability. All the elements exist for a repetition of the sad experience following World War I. To prevent this I think it is essential we should start out with a very well-integrated program of public education. Good law enforcement often depends upon an informed and interested populace. I also

feel that we must go further forward in giving Federal leadership to that educational program along with a program of assistance for those suffering from social instability.

Finally, I also firmly believe we should demand and get to a far larger extent good local law enforcement. The program of social protection has done a great deal to develop public understanding of these problems, and has successfully brought about practical solutions to them. For the first time in my knowledge law-enforcement agencies seem to have an objective approach to this matter.

We must keep this social-protection organization if we are to maintain interest to that point where State and local agencies will carry on with the good work they have engaged in and further improve and strengthen their programs.

I think that covers the point I wanted to make. If there are any questions, I should be glad to answer them.

Mr. WALTER. Do not sailors have a great deal more leisure and liberty in time of peace than when we are at war?

Admiral STEPHENSON. A great deal more. It will be desirable and necessary for them to have more shore leave than during wartime. They have very little time during war for recreation, while during peacetime their periods of recreation will be much longer than it is possible for them to have during war.

Mr. WALTER. Has it been your experience that during those periods there is an inevitable increase in the rate of venereal infection?

Admiral STEPHENSON. Naturally; we have been able to plot that with the utmost accuracy.

Mr. WALTER. Thank you very much, Admiral.

The next witness is Lt. Comdr. Israel M. Kruger, of the Medical Department of the United States Navy.

Will you identify yourself?

**STATEMENT OF LT. COMDR. ISRAEL M. KRUGER, MEDICAL CORPS,
UNITED STATES NAVY, IN CHARGE OF VENEREAL DISEASE SECTION,
BUREAU OF MEDICINE AND SURGERY, NAVY DEPARTMENT**

Commander KRUGER. Mr. Chairman, my name is I. M. Kruger, Medical Corps, United States Navy, in charge of the venereal disease section of the Bureau of Medicine and Surgery.

I have here a letter signed by the Surgeon General of the United States Navy, dated March 16, 1946, addressed to Hon. Francis E. Walter, House of Representatives. The letter says:

NAVY DEPARTMENT,
Washington 25 D. C., March 16, 1946.

HON. FRANCIS E. WALTER,
House of Representatives.

DEAR CONGRESSMAN WALTER: Kindly refer to your letter of 15 March 1946 regarding bill H. R. 5234 on which hearings are to be held Monday, March 18, 1946, in the Judiciary Committee room, House Office Building.

I am well aware that an adequate and successful venereal-disease-control program among naval personnel depends considerably and directly upon civilian efforts in the field of social welfare, law enforcement, and public health. In its relationship to these activities, the services of the Social Protection Division

have been of marked importance and assistance in the Navy venereal-disease-control program. The Navy's policy of repression of prostitution has been enhanced by the close co-operation of the Social Protection Division and its functions are a continuing need in furthering the protection of the health, welfare, and morals of naval personnel.

H. R. 5234 has not been officially referred to the Secretary of the Navy, and the Navy Department has not had opportunity to report thereon. The views expressed herein, therefore, are not official, but state in general the attitude of the Medical Department of the Navy toward this proposed legislation.

Sincerely yours,

ROSS T. McINTIRE,
Vice Admiral (Medical Corps),
Surgeon General, United States Navy.

Mr. WALTER. The next witness is Dr. John H. Stokes, director of the Institute for the Study of Venereal Disease, University of Pennsylvania.

STATEMENT OF DR. JOHN H. STOKES

Dr. STOKES. Mr. Chairman, I would like to speak as a physician interested in venereal-disease control through any and all agencies by which it may be accomplished, including the social and the moral.

Certain points in the control problem need an emphasis they have not thus far received. The first is the difficulty in control which arises from the fact that a venereal disease is infectious, highly infectious, before the infected person is really aware of his true condition. If the community provides the conditions for promiscuous sexual relations, the infected person will spread his disease unawares. The second point is that all treatment thus far devised has a margin of failure, which will provide, unless it can be overcome, a reservoir of relapsed cases to maintain venereal disease indefinitely in the community. The third point is that cure does not confer immunity, and a cured person who goes back to the sources of infection and reacquires a disease simply reendangers the community in the same fashion that he did at the start. With a quick cure in 1 to 7 days, he gets his infection not once, but three or four times in succession in a short period and spreads it that much more efficiently.

The paradoxical result is that as medical treatment gets simpler and more effective, venereal disease incidence figures go higher and higher. Clearly treatment alone is not the answer we are looking for, despite its medically spectacular achievements.

Critical reexamination of the control problem under these circumstances is showing clearly that the root of the problem lies in casual and promiscuous sexual relations. What actually determines the level of promiscuity in a community, and hence the level of venereal-disease incidence? The moral pressure of the community against promiscuous sex behavior is what determines the prevalence of the disease.

Mr. WALTER. What percentage of victims are innocent victims?

Dr. STOKES. Questions of guilt or innocence in the acquiring of venereal disease have a double edge. Most venereal disease is acquired sexually so to speak, whether guiltily or innocently. Toilet seats are not significant, other extragential contacts are significant but not very important at the present day. Much sexual contact is innocent and much acquired disease therefore innocent, and much venereal disease acquired by child from mother is innocent—but it is venereal disease just the same, and the question of guilt versus innocence is immediately; though not ultimately, irrelevant.

The belief that the mores, the social pressure of the community group is what determines the prevalence of venereal disease is further strengthened by observations made in the present war period on the relative ineffectiveness of so-called education in the conventional form of information, leaflets, lectures, posters, on the reduction of promiscuity. It is again increasingly clear that whatever builds up the morale of the community or group and its attitudes toward sexual behavior, pushes down the exposure rate and the prevalence of disease.

Mr. WALTER. Thank you very much, Dr. Stokes.

Mr. GWYNNE. As I understand it, this would be largely an educational program?

Dr. STOKES. No; I would not think for a moment that it is largely an educational program. For a long time I have been very much interested in education, and been active in education, but I have always spoken with more than caution about the effectiveness of education in the ordinarily accepted sense in reference to the control of venereal disease.

Mr. GWYNNE. Doctor, aside from the educational program, what do you think the bill contemplates?

Dr. STOKES. As I understand it, the bill also contemplates the maintenance of agencies to repress prostitute activity, to discourage the organization of red-light districts.

Mr. GWYNNE. Those are matters in which the State alone would have authority. The Federal Government could hardly say that in a certain city in America—

Dr. STOKES. I had not expected that. But as I understand the activities of the Social Protection Division, it organizes within the States groups of representative citizens who interest themselves in the obligations of the control situation throughout their State or their community, and it is that kind of influence I am speaking of that is quite as important as the local police operations over which this bill has no control, as I understand it.

After all, the State control activities sometimes need a binder to coordinate their efforts with what is going on all over the country, and I would say that that is what the Federal department has done. It has helped in establishing a standardized practice and to study, elaborate and develop generally accepted modes of procedure in this whole problem. When I say that, I don't merely mean education, or such things as that. In fact, I consider that the weaker, rather than the stronger, side of the social protection situation in the community.

Mr. WALTER. Thank you very much, Doctor.

Dr. STOKES. It follows then that whatever represses subversive influence such as segregated and regulated prostitution and other forms of organized vice, crime, abuse of alcohol, exploitation of youth and inexperience, as in the work of the Social Protection Division, is of vital importance to the health of the community and the Nation. Whatever encourages protection, whatever encourages a positive attitude and opinions against promiscuity, against the agents that promote it, has value for the health of the Nation with respect to venereal disease. The social protective agencies have acted as a focusing and correlating force for these very real phases of disease control. In their police work, one of their greatest functions has been the development of technics and the education of enforcement agencies as to their share in maintaining social pressures against the spread of disease.

The record of Social Protection in this war has been a good, indeed an outstanding one. In World War I we had similar forces engaged with distinguished success in the same field. The really shocking thing about our First World War experience and methods was their throttling by a mistaken postwar economy, which starved them to death. Following the dissolution of the Interdepartmental Social Hygiene Board and the lapse of the Chamblin-Kahn appropriations, a demonstrable going-to-the-bad of many American cities has been demonstrated. With the added disadvantageous influences I have described in the control of venereal disease, with the increased evidence that the morale, the conduct front is the real front, we can less than ever afford to let an agency like Social Protection die of financial starvation. We need its binding, coordinating, and subversion-controlling influence today more than ever before.

Mr. WALTER. Thank you very much, Dr. Stokes.

STATEMENT OF CHARLES P. TAFT, CHAIRMAN OF THE NATIONAL ADVISORY COMMITTEE ON SOCIAL PROTECTION AND VENEREAL DISEASES TO THE ADMINISTRATOR OF THE FEDERAL SECURITY AGENCY

Mr. TAFT. My name is Charles P. Taft. I am a lawyer from Cincinnati. I am chairman of the National Advisory Committee on Social Protection and Venereal Diseases. This committee is advisory to Mr. Miller, the Federal Security Administrator. I was, for 2½ years—from 1941 until 1943—Director of the Community War Services in the Federal Security Agency and organized the Social Protection Division in March 1941 as one of the two major subdivisions in that operation. I have also been county prosecutor in Hamilton County, my home county, for 2 years and a member of the city council for 5 years.

I think the most useful thing I can do for the committee is to try to answer Mr. Gwynne's question—both the specific one and the more general question which was implied in what he asked, that is, Why should Federal Government be involved in this kind of a program, when the law-enforcement responsibility is that of the States operating either by themselves or through their local subdivisions? I want to review the history of social-protection operations because of the light which it sheds on that very question. I am only reviewing it for that purpose.

In the last war the job of stimulating local communities to increase law enforcement against prostitution and all of the associated evils that went along with it was handled by what was called the Sanitary Corps of the United States Army under the general direction of Dr. Snow, who is here today and will testify later, and the specific operations of Drs. Best and Johnson, both now with the American Social Hygiene Association.

The first step toward meeting that problem in this war came with the agreement, to which reference has already been made, between the Public Health Service and the armed forces in the fall of 1939, but no steps had been taken to implement that operation in working with civilians until the spring of 1941, just after I was appointed to the position to which I have referred. I then had a conference

with the Public Health Service leaders and those responsible in the Army and Navy, the Children's Bureau—which was getting very serious reports of conditions around the camps in the South—the American Social Hygiene Association and the Department of Justice. The question was in what way a program similar to the Army program of the last war could be organized and operated during this war. The final conclusion reached by the entire group was that it should be placed in the office of the CWS, and that is where it was organized.

Eliot Ness, who was director of safety of the city of Cleveland under Harold Burton, a former officer of the Alcohol Tax Unit of the Treasury, came in as the Director of the Social Protection Division.

The operation set out at once to secure voluntary enforcement by the local officials, rather than through Federal enforcement under the May Act, the Mann Act, or any of the other acts that might be relevant. The job of the Social Protection Division was in a sense a coordination of all of those law-enforcement activities that are carried on by State and local public officials. We received satisfactory cooperation from John Stiver, of the Indiana State police; John Reynolds, of the Michigan State police, and Chief Kelley, of the Rhode Island State police. There were many others, but those three are outstanding. By and large, it was a job to be done by the local police in cooperation with other agencies, which had different approaches and various interests, concentrating on those communities in which Army and Navy reports indicated a high incidence of venereal disease.

Mr. WALTER. Was there any resentment expressed by anybody in the States, or political subdivisions thereof, because of your activity?

Mr. TAFT. The only case of resentment I recall in the course of the war was in the city of Peoria where, in spite of all of our efforts, we were unable to induce the mayor to do anything. I think before we got through the mayor was a little resentful of the efforts made by the United States Government, represented by the Army, Navy, the Federal Security Agency, and Public Health Service to get something done in that community—which was certainly a local place for members of the armed forces to pick up venereal disease. But with very rare exceptions like that, there has been no such resentment expressed at all, and the more common reaction was like that of Commissioner Anderson of San Antonio and Mayor Cain of Tacoma who were responsible in cities which had always been wide open. Mayor Cain was completely dissatisfied with the situation. He wanted to close down, but he needed the backing of the entire community and, in order to get it, he wanted the official backing of the United States Government. Both these men testified before the Senate committee a week ago Saturday but were unable to remain for this hearing. I think they have letters or statements which they have offered to your committee. They are now in a position where they are more than anxious to have the backing of the Federal Government continue, so that a gradual dropping off of interest in their own local communities won't leave them out on a limb as they attempt to continue the law-enforcement program which they initiated in the course of the war.

The approach which the Social Protection Division initiated under Mr. Ness' leadership is, I think, a unique one and one which deserves

emphasis before this committee. I have here a series of booklets which have been published by the Social Protection Division and I want to touch on them one at a time because they give the answer to the very question Mr. Gwynne has asked. Mr. Ness organized the National Advisory Police Committee on Social Protection which was made up of nearly all of the board of directors of the International Association of Chiefs of Police. Certain others were added who were concerned with the problem as, for instance, the representative of the Hotelmen's Association; the representative of the Taxi Operators' Association (National); and the representative from the bar association committee. This last was set up at our suggestion to work on the program as it affected the courts and judges who had to act on these various cases.

This advisory committee on police problems in conjunction with the others then prepared this little booklet which is called *Techniques of Law Enforcement Against Prostitution*, so that our men went into a community not as reformers, nor as the Federal Government using a club to say "You must do so and so," but with a statement from the top professional organization in the field of law enforcement, which described exactly how this job ought to be done. It was a completely new kind of approach in going to local communities. It is all very well to say that the State of Iowa has good State laws; we happen to know it does have good State laws, because Mr. Goldsmith, who is chairman of the bar association committee on the courts and social protection, who is here, has made a study and report on the situation in the various States, and Iowa does have good State laws. That does not, by any means, mean that local police officials will have the know-how to handle this very puzzling and difficult problem, which has to do, first, with houses (which most of them do know how to handle if they really want to); but, second, with street walkers and promiscuous girls who collect in bars, taverns, and cocktail lounges, which is a very difficult police problem. That is one problem we especially set out to meet by this kind of advice. It is not just paper advice, because not only those State police officials to whom I have referred, but also all of the other members of this committee whose names are listed here on the back of this pamphlet, are active police chiefs who have tried it out and know how, and whose advice, therefore, is not just theoretical, but is from practical experience.

The next thing that appeared perfectly clear was, having started law enforcement, you had a lot of women and girls picked up who were put in jails and the question was what should you do with them. They were on your hands. We had time and again instances of police chiefs, in the South, especially, where they had put on drives near camps where they just had the jails jammed and could not put in any more and they said "What shall we do?" Well, the committee put a great deal of effort on the subject of prevention and the handling of women and girls who were involved, and what steps could be taken to meet this bad situation. They then went to work and came out with the second booklet *Techniques of Law Enforcement in the Treatment of Juveniles and the Prevention of Juvenile Delinquency*.

Now again, individually, some of those police officers had the answer, but many did not and they just did not know, and sometimes within a whole State there was no good experience to draw upon. Therefore the service which the Federal Government provided was of two kinds—in the first place, to collect the best kind of advice and practice from other parts of the country and the top professional people in the field, and then secondly to bring the whole moral effect of the backing of the Federal Government behind such an instruction booklet and get it actually used by the departments.

One of the strongest of groups we felt could help out in this way was the American Bar Association. As I said, we had a committee appointed which consisted of Professor Wigmore and a number of others very much concerned with this problem, who gave assistance in some of the cases which were troubling local officials. We had one in Cincinnati, for instance, in which two police officers had arrested a known prostitute because she was practicing prostitution which was illegal under the Ohio statute. They were charged with false arrest and they were scared to death about it. We brought in again the best legal advice we could get from the American Bar Association committee and we had some personal help and some moral backing and, in the end, that case was settled and came out in a way that was satisfactory and did not interfere with the development of the program. In some cases we were able to produce satisfactory decisions in test cases which made a great difference in whether or not the police officials could go ahead and use the laws. Under other circumstances, they might have been hamstrung by an interpretation which might have been given in a lower court case that was never taken up.

Another one of the strongest groups we felt would have an interest in this was the women. People told us "Women will never get behind a program like this. This is something that is messy, dirty, and they won't have anything to do with it."

However, we promoted the organization of the National Women's Advisory Committee. Mrs. Ritchie, the head of that committee, is here to testify. This pamphlet "Meet Your Enemy—Venereal Disease" was one of the results of the work she and the committee did. The names of the organizations represented are on the back. Here, again, we had to approach the women's groups in the local community. The Social Protection Division had the backing of all the national women's organizations and in turn advised the organizations what they could do to help the program.

We ran always into the argument that "this was just a waste of time, anyway, because no one could ever really close down the houses of prostitution, and maybe that was the best way to handle it, anyhow." That was the kind of argument we met with all the way along, and here is a small pamphlet "She Looked Clean, But—" which was put out and got a wide distribution in order to meet that kind of argument.

The greatest service occurred as a result of the problem presented by the large number of promiscuous girls that began to appear in many communities. There was great interest in the operation of the policewomen's divisions of the police departments. There were only a few that had them. Many of them had resisted putting in

policewomen and, even when they did, they did not know how to use them effectively, so that within the same advisory police committee was set up a special subcommittee to study the use of policewomen, proper methods of organization, kinds of records, and so forth, and with special attention being given to the problem of social protection for young girls and young boys. This pamphlet called *Techniques of Law Enforcement in the Use of Policewomen with Special Reference to Social Protection*, was then published.

Nearly all of these pamphlets, I might say, are official textbooks in the local schools of the various police departments.

At the same time, the problem became more and more emphasized that the jails were a very bad kind of institution in which to put either juveniles or women, especially those who were in for first offenses, and a careful study was made by another subcommittee of the National Advisory Police Committee, which brought this pamphlet out—*Recommendations on Standards for Detention of Juveniles and Adults*—one of our very serious police problems, as you may know, in many parts of the country.

That, again, has been most helpful in securing better standards of jail administration in various parts of the country.

Let me give you in conclusion the effect of this cooperative operation with the Army and Navy who obviously took the lead in the course of the war, because the increase of venereal disease came from practically every community in the country where infections were acquired when men went home on furlough, or visited in traveling between camps. Let me stop to give you one sample. Our Ohio Division at Camp Selby, Miss., which is quite a distance from Ohio as you can see, over a period of some months showed that fully 35 percent of the infections which they had in that camp were acquired within 100 miles of Camp Selby. When the places were spotted where the other infections actually occurred, a very large proportion of them were from the State of Ohio and covered practically every town in the State of Ohio. So that the problem of venereal disease control at once becomes a problem, even for the Army and Navy, in almost every community in the country.

Mr. WALTER. How many inductees were rejected at the time of joining the armed forces?

Mr. TAFT. The syphilis rate—I cannot tell you for sure about gonorrhea, because careful record taking did not start soon enough on gonorrhea, but the syphilis rate in the first million was, I think, 50,000. That would make a rate of 49 or 50 syphilis cases per 1,000 among those who were examined for the draft. I think I am correct in that. It is a little lower, I understand from Dr. Clark—about 45 per 1,000 instead of 50. The figures, while they are approximately accurate, are not exact. Those rates have greatly differed from the lowest States, which I think were Massachusetts and Wisconsin, to the highest State which was Florida, and the difference between colored and white rates, which were quite considerable.

Those rates should be distinguished from the rates as reported by the Army. That represents a rate of so many per thousand who at the time they were examined for the draft had syphilis. The Army does not report in that way at all; the Army reports the number of new cases per thousand per year, which is a very different kind of

statistics although, to add to the confusion, the number is approximately the same or was approximately the same. It got down, I think, prior to the war to a fairly low point, but the year before the war, 1940, it was up to 42 new cases per 1,000 per year, and was reduced through this combined effort to approximately 22 per 1,000 new cases per year.

To give you some basis of comparison, the rates in the Civil War, I think, were around 250; the rate in the Spanish-American War was around 200, and the rate at the beginning of the World War was approximately 100, which was cut to 50 by the end of the first World War. It was about 42 at the beginning of this war and at the end was about 22 to 25, somewhere along in there. It has gone up in the foreign field, but I won't get into a discussion of that problem which is a little different, although it does make it much more difficult for us today.

The thing to which Dr. Stokes has referred is certainly a serious element in this problem, that is, the improvement in the various methods of treating venereal diseases; which has led many people to think they no longer count, that they are no longer serious. That is not true for at least a proportion of those who have both gonorrhea and syphilis; but, even if it is true, it does not in any way help the social situation; in fact, it complicates the moral problem. It does not in any way reduce the moral and social problem which is involved.

I will say quite frankly we started our program of working with the police officers by emphasizing the health problem and sold the program to them on that basis, getting away from the moral effect that was involved. I do not think that is a mistake, but certainly we think now the time has come when this program has to be advanced on the basis of social and moral principles and the effect of widespread prostitution on the social fabric of the community.

There is a second element of change, that is, we no longer have the pressure from war. There still is this need for national leadership, but there is no longer any place for some of the pressure which was exerted, beyond any question, by the Army and Navy and the Social Protection Division with communities that were certainly reluctant to close down. The time has ended for that, and the Army I think has definitely said that when demobilization is completed, or at least until we know whether we have permanent military service or not. "We are not prepared to continue the kind of program we have had before so far as pressure on the local communities is concerned." And personally I think that is entirely sound on their part and is certainly sound on the part of the Social Protection Division. Therefore, it now becomes necessary to develop resources for the community to handle its own problem and many of those communities just do not know how unless they get the sort of advice and leadership that will come from a small, very small, national staff. That national staff will continue what it has done in the latter part of the war, that is, try to develop State leadership and get the States to assume some of the kind of educational activity that has had to be done by the Federal agencies in the course of the war and during this period of transition.

There was after the last war some continuance for a period of years. I think as long as 5 years, of the interdepartmental committee which

collected information and was provided with extremely little funds for some continuation of the activity and leadership of the Federal Government; but I think Dr. Stokes is quite right that it was not adequate. I mention that to indicate that I think at the end of the 5-year period, or some period which Congress will certainly be able to judge of, it will no longer be necessary to continue exactly this type of activity in the Federal Government; but at this stage, where the whole question of law enforcement locally is in a state of flux, you will find the ones who are at the battle front of the problem—and I mentioned two of them before, Commissioner Anderson, of San Antonio, and Mayor Cain, of Tacoma, who were under a long pattern of wide-open houses, recognized houses, practically licensed houses—do not want to go back to them. They say to this committee in their letters—and I think the sheriff of Mahoning County, at Youngstown, who is here in person, will say—that this is just the stage when they need the backing of the Federal Government on this kind of an educational and promotional campaign.

The last of the pamphlets I have is one small leaflet, called *Danger Ahead*," which was gotten out for use in the community, and a second one called *Challenge to Community Action*, which gives specific kinds of advice and suggestions for the local organization that would carry on this kind of activity.

I do not think you will want these pamphlets in the record, but I thought your chairman and the members of the committee would like to have them to make a study.

Mr. WALTER. I think you have given the titles sufficiently so that, if anyone wants to see them, they can get hold of them without any difficulty.

Mr. TAFT. I think that is all I have to say.

Mr. WALTER. Thank you very much, Mr. Taft.

The next witness is Chief of Police Roff.

STATEMENT OF FRED A. ROFF, PRESIDENT, INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE, CHIEF OF POLICE OF MORRISTOWN, N. J.

Mr. ROFF. Mr. Chairman, at a board of directors meeting held Saturday in New York, we prepared a statement which contains all of the facts we wish your committee would look into and, to save time, if it meets with your approval, I will submit this statement for your consideration afterward, unless there is something you wish to ask me.

Mr. WALTER. You are a member of the Chiefs of Police?

Mr. ROFF. I am president of the International Association of Chiefs of Police; yes, sir.

Mr. WALTER. All right, sir; you may file your statement, please.
(The statement above referred to is as follows:)

**STATEMENT BY MR. FRED A. ROFF
PRESIDENT, INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
CHIEF OF POLICE, MORRISTOWN, N. J.**

As president of the International Association of Chiefs of Police I wish to state that our organization is wholeheartedly in support of the legislation under consideration today, and that we urge the early enactment of H. R. 5234.

The International Association of Chiefs of Police has cooperated with the Social Protection Division of the Federal Security Agency from the inception of the Federal program. As chief law enforcement officer of my community and more recently as president of the association, I have had the opportunity to maintain a close working relationship with the division. The interest of my organization in continuing the Federal social protection program, and my own conviction that its continuance is of profound importance stem from an intimate knowledge of the activities and achievements of the division as well as a knowledge of the vice conditions nationally.

That commercialized prostitution should be eliminated is self-evident. It has been so for years. Recently we have been able to make great strides toward eliminating it and the Social Protection Division is one of the principal forces that has made that possible. We believe that if the Federal program is discontinued we may in some communities go back to the days of talking about what we should do. In many areas we may even lose the gains we have made during these last 5 years of doing what we should do.

For some years States have had legislation on the statute books outlawing commercialized prostitution. Legislating the prostitution racket into the crime category does not, however, put it out of business. Any police commissioner can tell you that enforcing State laws and city ordinances against commercialized vice has never been an easy task. When the police chief sets out to do this job he needs factual knowledge and experience in techniques and methods. Sometimes he has this information from his own experience or the experience of his department. The average police department, however, is not likely to have the knowledge of the methods most recently tried and adopted by the country's outstanding authorities on law enforcement. When the police begin action against commercialized prostitution, pressure is unleashed by the interests connected with it. This resistance to the law enforcement action may take any form ranging from mild political pressure of the "let's let well enough alone" variety to downright violence against the person of the officer trying to do his duty.

To offset the pressure of the vice interests an enlightened and favorable public opinion is needed to back up aggressive police action. As often as not the good work of police officials has been dissipated by a silent, indifferent public. Aggressive law enforcement action unsupported by the public cannot win many rounds against the thoroughly prepared, thoroughly unscrupulous vice interest which have a very handsome profit to defend. (I'd like to point out that in some cities the commercialized prostitution business at the time it was flourishing grossed from \$250,000 to \$1,000,000 a year. When this is considered along with the relatively small overhead required in such an enterprise it is easy to understand why vice interests will fight with any means to preserve their stake.)

The Social Protection Division has been of invaluable assistance in meeting all these problems. To meet the need for knowledge the Division established the national advisory police committee which brought together leading law enforcement authorities from all parts of the country for discussions of best law-enforcement methods in this particular field. Experiences were exchanged. A series of recommendations were developed and published by the Division in four pamphlets: "Techniques of Law Enforcement in the Treatment of Juveniles and the Prevention of Juvenile Delinquency," "Techniques of Law Enforcement in the Use of Policewomen," "Recommendations on Standards for Detention of Juveniles and Adults," and "Techniques of Law Enforcement Against Prostitution." The policies recommended in these publications have been widely used by local police departments all over the country, and have served as the basis of improvements in law enforcement practices in hundreds of communities.

A Federal agency is particularly effective in promoting this kind of cooperation among law-enforcement authorities. Federal agency sponsorship of the police advisory committee's recommendations has widely increased their use and adoption.

In addition, the Social Protection Division through its field staff provides an exchange of current experience among communities. This gives one city or county the advantage of another's methods in repressive practices. The staff also provides personal, official interpretation of the policies outlined by the advisory police committee.

After houses have been closed in an area there is still much to be done if prostitution is really to be eliminated. Many communities are now ready to include in their programs the Social Protection Division's recommendations for:

(1) Self-policing in hotels and taverns to prevent clandestine prostitution; (2) improvement of detention facilities and court practices in the handling of persons arrested on sex charges, and (3) the redirection of sex delinquents through improved probation methods and through cooperation with social agencies.

Areas that have already been working along these lines find the results encouraging. This part of the program gives consideration to methods of preventing prostitution and while it is perhaps more basic than the direct action against commercialized houses, it is of necessity a much slower process.

Recognizing that a favorable community opinion is essential to a successful social-protection program, the Federal agency has done much to promote community support behind sound law enforcement and sound methods of preventing prostitution. The staff of the Division has achieved cooperation in communities where disagreement or indifference had prevailed.

The possibility of withdrawal of Federal assistance in promoting community support is of great concern to law-enforcement authorities. We know that without citizen-backing our efforts will be of no avail. In some areas this support has been built so soundly that the withdrawal of Federal assistance would not appreciably affect the law enforcement or prevention activity. However, where community cooperation is in the process of development, or where it is shaky, disintegration will occur if the Federal program is discontinued. These communities are far in the majority. Our experience has shown that building citizen support for local social-protection programs, including vigorous law enforcement, is a long, slow process. To set up a social-protection board is only a beginning. Moving from the formal establishment of a board to a thoroughly organized and thoroughly integrated program, in which community agencies really cooperate, takes many months. Yet, until such a program is in motion and is generally accepted by the public, there is always danger of retrogression.

Gentlemen, our association believes that many communities cannot withstand the pressures of organized vice in these coming months and years unless we have the active assistance of the Federal Social Protection Division. We want to see vice and commercialized prostitution wiped out. We have shown during the past 5 years what could be accomplished with the help you have provided. We still need that help, and we urge that it be continued.

Mr. WALTER. The next witness is Mr. Elser, sheriff of Youngstown, Ohio.

STATEMENT OF RALPH E. ELSE, SHERIFF, YOUNGSTOWN, OHIO

Mr. ELSE. Mr. Chairman, as I understand, the object here is to determine whether or not the Social Protection Division is to be continued as a permanent division. The sheriffs of the country believe that this program is an important and valuable Federal program.

When I became sheriff of Youngstown, which was about 12 years ago, I took a stand for the repression and control of venereal disease. But I must say that I was pretty much alone in my fight. I was called an uplifter, a Gospel preacher, and reformer, and my cases were kicked around everywhere, even in the courts. It was a very unpopular movement.

Public officialdom, especially the law-enforcement group, needs the Government's help to combat prostitution and venereal disease. As long as folks joke about venereal disease and do not take it as seriously as they do infantile paralysis, cancer, leprosy, and other communicable diseases, we are going to continue to have too much of it.

Now, I have had this experience: I have good friends who differ with me, very fine gentlemen, fathers of families, fathers of fine daughters, but they believe in segregated prostitution. Just ask the question of 12 or 15 men, "What shall be done with prostitution?" And 12 out of the 15 on the average will say, "Certainly, legalize it and have inspection." And you get the same thing in barber shops and other gathering places of men.

My work is at a little different angle from the Federal Government. My work takes me down in the alleys, in the slums, and on the avenues, and it does not miss anything.

It is law enforcement and not a reform program or an uplift program. I have been taking rather extensive action in Youngstown and there was plenty of room for it if prostitution was to be curbed and venereal disease reduced.

I have 23 deputies in a county of about 275,000 population, and we have a city adjoining Youngstown of about 18,000 people. They had 18 houses of prostitution that were allowed to flourish until the sheriff moved in. As you know, it is usually the policy of the sheriff to allow the cities to take care of themselves, but in our valley they did not see fit to repress prostitution, so I moved in with the help of the Social Protection Division. We have 300 law-enforcement officers in Mahoning County, outside of State and Federal officers, and out of those I have 23. We have been carrying on the repression program in Youngstown. The Army authorities stated that had it not been for the sheriff's office that valley would have been off limits and out of bounds.

So we have been making constant raids there. But in this program it seems to me each community cannot do it alone. It must be Nation-wide and under Federal leadership. The first thing to do is to educate the police, sheriffs, deputies, and city government. If you educate them as to what their duties are, we will be getting somewhere, but it will take the continuing support of the Federal Government to make it effective.

Social-protection booklets were placed in the hands of my 23 deputies. I said, "Men, this is the solution offered by the scientists and social experts in the Federal Government. These are the best facts obtainable. If there is anyone on this staff who does not believe in this program, I wish him to put in his resignation."

They know the public officials, when raids are made, whoever makes them, and when they find uniformed officers in those places when they make the raids we can understand why they are not getting any further. So I say we need this educational program.

I have some evidence here that would be a revelation for you folks, that is not a matter of record and is not for public release at this time; these "madams" have a great system and in the last raid we made on December 8, we arrested and jailed 23 women. They were handled by the justice of the peace courts, because public conscience has not been in back of this program.

I think all of you are aware of the general attitude toward the control of prostitution. Recently at a meeting of 400 prosecutors and chiefs of police I attempted to get several sheriffs into a discussion of the question of prostitution. We had no sooner started than one man, and this is true in all such matters, said "By the way, boys, I have a story;" and he told a filthy story and upset the whole thing. Folks joke about this thing after a raid and ask the sheriff, "How are the girls getting along?" They would not do that if they would go out to guard a leper colony or prevent the spread of infantile paralysis.

I want to return to my discussion of the house of prostitution that we raided on December 8, 1945. It is not only the spread of disease that is serious. That is enough; but we have records to show that in this house, there were only three girls working, yet the "take" for one

month last year was something like \$7,000. It is rather interesting to know what they did with the money. For instance we note that the first item each month is "\$150—household expenses." This item is listed every month. It is also interesting to note that after "household expenses" there is listed "bacon, cabbage, bread, rent" and what have you. Each and every month "household expenses" is listed as \$150 a month.

The 15th of October, about 3 weeks previous to election, household expenses were recorded at \$500. This made a total household expense item of \$650 for that month.

Not only are these girls selling their bodies to support themselves, but undoubtedly are selling their bodies to support big racketeers. Mr. Taft was asked the question, "Do local officials object to the Social Protection representatives coming in?" You might say, "Do the other officials object to the sheriff coming in?" It is only the occasional politician who objects, that is all, and we have too many of this kind anyway.

Prostitution earnings are always paid out to corrupt politics in a community like ours, and the whole program is simply bad. I have the ledgers here which we obtained in a raid on a house, and I would be glad at any time to show the committee the disbursement of some of the take of \$7,000 a month. This, I am sure, would be interesting to all of you.

I am not willing to say that Youngstown is worse than any city that you might discuss. Perhaps a lot of them are faced with the same problems. I remember when I was a boy on the farm and walked through the fields there was a little animal sitting out in the grass with a white stripe on it, I would not get in trouble with it unless I gave it a kick; if I took a detour, it would give me no trouble. Perhaps this is true in respect to some of those cities in which they report they have no problem.

I am very much in sympathy with this program—a program of education. I do not know what it will cost, but certainly in all other lines we hear a great deal in the local papers where they have appropriated several million dollars for a postwar program. We see provision of money for postwar programs in every direction; but I have read but very little anywhere in the press where there is any postwar program for such things as this, which to me is so very important. In the postwar program, I see very little being done for the protection of our young people through a worthwhile program such as this.

Perhaps I did not give this material to you in an organized manner. But I do want to say the newspapers are backing us in this program; public support is growing, and with a lot of hard work and by sticking right to it, the job can be done. It is going to take a lot of publicity and is going to take a lot of education. I have here with me a detailed statement and also resolutions of the National Sheriffs' Association, and a telegram from our former president, Mr. Souter, of Sandusky, Ohio, which I would like to leave with you.

I say to you that Youngstown is a wonderful city. We are not alone with our problem of controlling the vice kings. There are many others that are just as bad.

I recall that one of the prostitutes arrested gave us the information that she sold herself to as many as 60 men or more a night, depending upon her shift. We can easily see what a dirty business this is and we

can also see how venereal disease is always spread through houses of prostitution.

Mr. WALTER. How many were infected?

Mr. ELSEY. It is reported there were less infected in this group than any like group we had previously arrested. They were reported healthy. This is not generally true—most statistics indicate that from 80 to 100 percent of the active prostitutes are infected. Then there was the item of about \$7,000, according to the ledger, taken in that house with two or three girls. Think of what they must have taken in at houses with five, six, or seven girls.

Those things actually happened in my city and they happen in many other cities. Cities have closed a lot of houses now, but they will spring up unless we arouse the public conscience and everlastingly stay at it.

I would like to leave this with you for the record, if I may.

Mr. WALTER. Thank you very much, sheriff. That will be inserted in the record.

(The matter above referred to is as follows:)

STATEMENT OF SHERIFF RALPH E. ELSEY, OF MAHONING COUNTY, YOUNGSTOWN, OHIO, TO THE COMMITTEE CONSIDERING H. R. 5234

This hearing today, as I understand it, is to determine the question of continuing the Social Protection Division as a permanent agency in Federal Government.

My answer to that is emphatically "yes" if its proposed peacetime program even remotely compares with its record of accomplishments during the war.

As I construe this bill, the Social Protection Division will not be vested with police authority, but will continue as an agency for educating the general public to the hazards of prostitution.

I would like to relate briefly of the help this agency has given me.

The sheriffs and chiefs of police of this Nation ordinarily work together harmoniously and for the general protection of their respective communities. That means that the sheriff with his small staff is seldom required to do police work in the larger municipalities limiting his activities mainly to the rural areas of the county.

That, unfortunately, is not the case in my county. I have been forced to police the city of Youngstown and enforce the State laws against the practice of prostitution.

During my 12 years as sheriff, prostitution has never been tolerated in the unincorporated area of Mahoning County.

Although I have but 23 deputies as compared to approximately 200 men on the Youngstown Police Department, I was forced to raid the houses of prostitution in Youngstown from the very first year I took office. By that I mean that I had to do it if there were to be any raids.

It seemed at the time, however, that I was the only one who could recognize the infamous practice as a dirty filthy racket.

I was ridiculed, called a reformer, and my cases against the operators were kicked around in court like so many footballs.

In 1942 I attended the national sheriffs' convention in Columbus, Ohio. At that meeting a former director of the Social Protection Division, along with Army and Navy officials, told the sheriffs of the high toll taken by venereal diseases from the armed services. Most of the infections, it was said, were attributed to prostitutes.

The former Social Protection director promised us that his Division would do two things for law enforcement if the sheriffs and chiefs of police would back a vigorous repression of the prostitution program:

1. With all the resources at his command, his agency would undertake a program of general education of the public to the danger in tolerated red-light districts.

2. He would appoint a national advisory police committee to work with him and to prepare various manuals for law enforcement to use as a guide in

proceeding against the racketeers, pimps, and madams who were getting rich out of the sale of young girls' bodies.

I want to tell this committee that that director kept those promises.

On December 8, last, I raided 5 houses of prostitution in Youngstown. I jailed 23 women. The records of some of the madams indicate the magnitude of the racket. There is no doubt in my mind that vicious white-slave rings still exist in the United States.

I know that one of the houses I raided did a \$7,000-a-month business, and it had only two or three girls working. One of the inmates informed us that she was with as many as 60 men at night, or day, depending upon her shift.

Some of the landladies' records would indicate that they are very methodical. At the start of each month's books there was always one fixed item of \$150 listed under "household" expense. After this would come rent, bread, bacon, etc. The only exception to the \$150 item was the preelection collection and "household" expenses jumped \$500 that month over the usual \$150.

This money was nothing but graft. You can see, therefore, that all of the corruption in prostitution is not limited to the moral corruption of the inmates of the houses.

The point that I am trying to make regarding the Social Protection Division is this: Public opinion supports me today in keeping these houses closed. That is the result of a good educational program.

The National Advisory Police Committee has compiled three manuals for which it will have the everlasting thanks of law-enforcement officers who are honest and sincere. These manuals are now textbooks in every police school.

These pamphlets on enforcement techniques against prostitution, the prevention of delinquency and recommendations on standards for detention have served an additional purpose other than the education of law-enforcement officers.

I have circulated hundreds of them in my county to citizens' groups and, as a result, the people of Mahoning County have a better understanding of my reason for backing the repression program to the limit.

As long as I am sheriff of Mahoning County, you may rest assured that organized prostitution will not be tolerated there. As long as I am sheriff of Mahoning County, I need and want the continuing support of the Social Protection Division.

I would like to leave with this committee a statement of the National Sheriffs' Association endorsing a continuation of the program. I also have a supporting telegram from Sheriff William Souter, of Sandusky, Ohio, past president of our national organization. Mr. Souter and I are members of the board of governors of the association.

THE NATIONAL SHERIFFS' ASSOCIATION,
Washington 6, D. C., March 18, 1946.

Re: H. R. 5234.

Hon. FRANCES BOLTON,

House of Representatives, Washington, D. C.

DEAR MADAM: The National Sheriffs' Association approves of H. R. 5234, now under consideration. The Nation's sheriffs endorse the proposal by some Members of the Congress to give permanent status to the Social Protection Division as a part of the Federal Security Agency.

Our approval is based upon the premise that the Division will not be vested with law-enforcement authority, but shall continue to counsel and advise with its National Advisory Police Committee in the development of law-enforcement techniques employed in the repression of prostitution.

The principal purpose of the Social Protection Division, as seen by the Nation's sheriffs, is the continuation of a program of educating the general public to the physical and moral hazards of prostitution. With the support of an enlightened public, the Nation's law-enforcement officers are in a more favorable position to vigorously prosecute a repression program.

Ten days ago we informed a Senate committee which was considering a companion bill, that the sheriffs favored this legislation, in addition to my testimony, telegrams of endorsement were recorded from our president, Sheriff Ferris Lucas of Port Huron, Mich., and our first vice president, Sheriff Gus Caple, of Little Rock, Ark.

Attached is a telegram of endorsement from Sheriff William Souter, of Erie County, Sandusky, Ohio. Mr. Souter is a former president of this association and is on our board of governors.

Very truly yours,

CHARLES J. HAHN, Jr.,
Executive Secretary.

SANDUSKY, OHIO, March 14, 1946.

CHARLES J. HAIN,

Executive Secretary, National Sheriffs' Association, Washington, D. C.

DEAR SIR: I understand that a bill to keep the Social Protection Division in existence is about to be considered by a congressional committee. As a law-enforcement officer and a past president of the National Sheriffs' Association, I firmly believe that if this governmental function is not continued, not only now but for all time, it would be a national tragedy. In my humble opinion, this agency's wartime record speaks for itself. Through its efforts it brought together the outstanding social workers and law-enforcement officers of the United States who made a valuable contribution toward the suppression of prostitution and control thereof. This is, indeed, one wartime agency that should be continued, if for no other reason than this—that the health of our Nation is at stake and must be protected.

Sincerely yours,

WILLIAM SOUTER,

*Past National President, Sheriffs' Association,
and Present Member, Board of Governors.*

Mr. WALTER. The next witness is Dr. Clarke.

STATEMENT OF DR. WALTER CLARKE, EXECUTIVE DIRECTOR, AMERICAN SOCIAL HYGIENE ASSOCIATION

Dr. CLARKE. My name is Dr. Walter Clarke. I am executive director of the American Social Hygiene Association and clinical professor of public-health practice at Harvard University.

Mr. Chairman and gentlemen, if I have your permission, I would like to read this statement. It will take about 3 minutes.

Mr. WALTER. Proceed, Doctor.

Dr. CLARKE. On January 31, 1910, a meeting was held in Chicago by the Church Federation to hear an address by Dean (later Bishop) Walter T. Sumner on the subject of the social evil in Chicago. As a result of this meeting, the mayor of Chicago appointed the Chicago Vice Commission. The report of this commission is a historic document, representing the beginning of united efforts to repress prostitution through administrative measures. Following the Chicago example, many communities studied and improved their prostitution conditions. The basic ideas in the minds of these early, somewhat daring, pioneers were that prostitution is offensive to public decency, corrupts morals, endangers health, and ought, therefore, to be outlawed as a means of livelihood and ought to be reduced to a minimum.

The policy advocated throughout the country by the American Social Hygiene Association and other agencies was embodied in laws, most of which were adopted during or shortly following World War I. Prostitution-repressive laws have been constantly improved, until at the present time only a few States lack reasonably adequate legal instruments for dealing with this condition.

However, the enactment of laws did not immediately solve the prostitution problem. Successful administrative action by State and local officials has come in waves, with the trend being always toward better and better law enforcement, but also with periods of relapse. The greatest improvements have taken place in wartime. During World War I nearly every important city in the country closed up the previously existing "red light districts" and brothels. A few years later many cities permitted the promoters of prostitution to reestablish their business, in spite of the fact that in most places this traffic had

become illegal. Tremendous gains were made during World War II, when not only were the known prostitution resorts closed up but clandestine prostitution was effectively dealt with in the vast majority of communities. Already in the present postwar there are signs of recrudescence of prostitution activity in certain places.

It will be noted that the periods of greatest gain coincide with periods of strong Federal leadership. During, and for a short time following, World War I the Army, the Navy, and the Commission on Training Camp Activities exerted vigorous leadership favorable to vigilant law enforcement. During World War II Federal leadership was provided by the Army, the Navy, the United States Public Health Service, and the Social Protection Division of the Federal Security Agency. The relapse which occurred in the period between the two world wars was a period of comparative absence of Federal leadership.

If 34 years of history teaches us anything, it is that Federal leadership is important in maintaining the gains made against the prostitution business. The public and public officials are aided by knowledge that there is a Federal policy on this question and that that policy is the repression of prostitution. There is need, in peace as in wartime, for an agency that acts as spokesman for this policy and that is available to make special studies, to aid in the training of personnel, and to provide expert advice regarding preventive mechanisms and procedures and law-enforcement techniques.

The risk to health involved in prostitution is commonly underestimated by the general public. Admittedly the problems involved are somewhat technical. To some citizens it seems feasible to force prostitutes into a system which provides for medical inspection which would discover and make it possible to eliminate infected individuals. Every medical man knows that this is as impractical as it is offensive to public decency and private morals. The American Medical Association has twice expressed its official view in the following terms:

Whereas published reports indicate an increasing prevalence of venereal disease in the armed forces and defense workers of this Nation; and

Whereas commercialized prostitution constitutes an outstanding factor in the dissemination of these diseases and requires an intensified campaign against their elimination: Therefore be it

Resolved, That the house of delegates of the American Medical Association takes the following stand: (1) That the control of venereal disease requires elimination of commercialized prostitution; (2) that medical inspection of prostitutes is untrustworthy and inefficient, gives a false sense of security, and fails to prevent the spread of infection; and (3) that prostitution is unlawful, and physicians who knowingly examine prostitutes for the purpose of providing them with medical certificates to be used in soliciting are participating in an illegal activity and are violating the principles of accepted professional ethics.

I have estimated that a suitable medical examination of a prostitute to determine whether she was infected and infectious would cost about \$35 and would need to be carried out at least daily and preferably after every exposure. However, on the completion of such an examination no reliable physician would be willing to give a certificate of freedom from the possibility of transmitting venereal disease.

The social aspects of the problem are no less complicated. There is no way by which prostitution can be allowed to flourish in a community without endangering the welfare of families, and particularly young people. The prostitution racket is essentially a nefarious traffic in which women and girls are the exploited victims of a few

low characters who take for themselves about 80 cents out of every \$1 earned by the prostitute.

The moral aspect of the prostitution problem should be perfectly simple. A community cannot reasonably expect its young people to take seriously what is said by the institutions for moral and religious guidance if at the same time the community tolerates conditions of vice and depravity universally admitted to be contrary to the most basic moral standards.

Throughout World War II and up to the present time, the Federal Government has had a spokesman for its policy in the Social Protection Division of the Federal Security Agency. It is most desirable that this spokesman for Federal policy and leadership should be continued. The American Social Hygiene Association unites with public health, welfare, law enforcement, moral, and religious agencies in recommending the continuation of this Division of the Federal Security Agency. Favorable action by the Congress on House bill 5234 would have the desired effect.

Mr. WALTER. Thank you very much, Doctor.

The next witness is Dr. Moore.

**STATEMENT OF DR. JOSEPH MOORE, ASSOCIATE PROFESSOR OF
MEDICINE, JOHNS HOPKINS UNIVERSITY MEDICAL SCHOOL**

Dr. MOORE. My name is Dr. Joseph Moore; I am associate professor of medicine, Johns Hopkins University Medical School, and chairman of the subcommittee on venereal diseases, National Research Council.

I have no prepared statement. I should like briefly to amplify what Dr. Stokes and other speakers have said with regard to the repercussions of modern treatment methods incident to venereal disease and the relationship that has to the matter under discussion at the moment.

Penicillin is the first drug discovered which is effective both against gonorrhea and syphilis. We know that gonorrhea can be cured with penicillin administered in a single injection and that the patient is probably cured within from 4 to 5 hours and that the proportion of patients who may be so cured is, roughly, 95 to 98 percent.

The effect it has, however, on the incidence of gonorrhea is paradoxical. Inasmuch as it has helped to reduce the incidence of the disease itself, there is strong reason to believe it has actually increased it, not so much because of the moral vice of sexual exposure by which it is transmitted to the average patient, as by the realization that gonorrhea is no longer as bad as a bad cold. Quite unwittingly a man reexposes himself to the original source of infection; and we have come into a situation, as has been emphasized, where the patient originally infected years ago before the development of penicillin with gonorrhea which might have required several months for cure, is now cured in a few hours. The result of that is that he acquires gonorrhea over and over and over again, and the number of cases of gonorrhea that are acquired is on the increase.

With syphilis, we have something of a different situation. In the first place, in spite of the Nation-wide publicity regarding penicillin

we do not know how to use penicillin in syphilis. Utilized alone, it is not as effective as the old methods of treatment, although it is not as dangerous and it is quicker.

The relapse rate in patients with early infectious syphilis who have been treated with penicillin is substantially somewhere in the neighborhood of 15 to 30 percent. That is the first year after cessation of treatment. We are faced, therefore, with an actual increase in the incidence of infectious relapse in syphilis and, therefore, possibly an actual increase in the number of infections with this disease brought about by the use of this spectacular new drug.

Finally, as we regard penicillin, I should point out the latest bit of medical information, to interpolate, by saying I was once guilty of having written a book called *Modern Treatment of Syphilis*, and I now sincerely regret having used the term "modern." Modernity is this today: What we know about the treatment of syphilis at 10 o'clock this morning is likely to be completely changed by 4:30 tomorrow afternoon, and in respect to the latest fight in the bout, there have been changes in the character of penicillin in the last 2 or 3 years which have actually made the drug less instead of more effective, in spite of the efforts of pharmaceutical houses to the contrary.

All of this brings me to the point of complete realization that it is not possible to control the incidence of venereal disease by the treatment of the infected patient. Additional measures are necessary. The bill before you, in the main, will add some of those measures. I speak of it only from the standpoint of its impact on the incidence of venereal disease and without reference to what the record shows as its much more socially desirable features. But from the point of view of the doctor, the epidemiologist, who is interested in the reduction of venereal disease incidence, I, like the other speakers, am strongly in favor of the passage of this bill.

Mr. WALTER. Thank you very much, Doctor.

The next witness is Dr. Heller.

STATEMENT OF DR. J. R. HELLER, CHIEF, VENEREAL DISEASE DIVISION, UNITED STATES PUBLIC HEALTH SERVICE

Dr. HELLER. Mr. Chairman and members of the committee; with your permission, I should like to read a prepared statement.

Mr. WALTER. Doctor, the time is short, and, if you would be willing to do so, we would much prefer to have you file your statement.

Dr. HELLER. Yes, sir.

(The statement referred to is as follows:)

STATEMENT ON SOCIAL PROTECTION

At this moment the health and medical forces of the United States are fighting to prevent an increase in venereal disease infections among both civilians and members of the armed services. We can succeed in this effort, perhaps we can even achieve a real reduction in these diseases, if the means can be found to apply to peacetime control the measures which proved so successful during the recent war.

Our wartime program recognized that the control of venereal disease is not merely a matter of drugs, clinics, and blood tests. In addition to wide and intensive use of these basic medical weapons, a general attack was made against prostitution and promiscuity, the means by which a large proportion of venereal disease is spread. Law enforcement and other municipal and State

agencies, schools, welfare agencies, civic clubs, churches, fraternal organizations, and both industry and labor cooperated wholeheartedly with the Army, Navy, Public Health Service, and the State and local health officials in this and other aspects of the wartime program. This same cooperation is essential if health officials are to succeed in coping with the postwar problem.

Since health departments generally lacked both the authority and the trained personnel necessary to organize such widely diversified interests, skilled assistance was provided by the Social Protection Division, a special agency established for this purpose by the Federal Security Administrator. The Social Protection Division helped enlist public and official support for venereal disease control in hundreds of communities and helped to coordinate the efforts of the varied agencies involved. In addition, the Division furnished valuable technical advice to law enforcement officials on effective methods for prostitute repression, and to welfare agencies, churches, schools, industries, etc., on methods for preventing prostitution and delinquency among young girls and women.

In spite of many difficulties, the Social Protection Division was able to render practical and effective assistance in all these matters. Of considerable importance, also, experience was gained which should prove of great value not only to future venereal-disease control but to the larger, and very important need for protecting young people against influences which tend to break down general moral standards.

Prostitution must not be permitted to come back. Every resource should be used to prevent widespread promiscuity. Intelligent effort should be given to redirecting those young women who have already become dangerously promiscuous. The Public Health Service and many State health agencies believe that the objective of protecting the public from venereal-disease epidemics during the postwar years will definitely be aided if there is continuation of the type of service rendered by the Social Protection Division.

Mr. WALTER. Our next witness is Mr. Watson B. Miller, Federal Security Administrator.

STATEMENT OF WATSON B. MILLER, ADMINISTRATOR, FEDERAL SECURITY AGENCY

Mr. MILLER. Thank you, Mr. Chairman and gentlemen. It is my intention, on my own motion, to ask for your consideration for only a minute or so.

This morning you have permitted a number of us to appear before you to discuss diseases which have immeasurably slowed the progress of man through uncounted centuries. These diseases are responsible for much insanity, cripple thousands, ruin homes, and produce much misery among innocents. They seriously affect vital bodily organs and those who survive their effects often experience lifelong unhappiness and ineffectiveness.

My interest in control of the venereal diseases and the repression of prostitution antedates by several years my connection with the Federal Security Agency. The American Legion, which I formerly served as national rehabilitation director, has long been aggressively behind such efforts.

During the war commercialized houses of prostitution were closed in more than 700 communities throughout the country, and the incidence of venereal disease was materially reduced. Unfortunately the fight against prostitution is not won. About 27 percent of the communities which closed their houses have permitted them to reopen. Venereal disease infections are again increasing. With the end of the emergency period the pressure of vice interests, whose financial stake is large, is being exerted in increasing tempo on local communities and officials. The return of millions of servicemen to civilian life is taxing severely the protective and health facilities of com-

munities and municipalities throughout the Nation. The economic and social maladjustments in the postwar period are also increasing the incidence of venereal disease.

After 5 years of experience, the potentially successful methods of controlling venereal disease are well delineated. With the medical treatment of the disease tremendously improved in recent years, the remaining task is that of combatting its basic cause, sex delinquency. Some significant progress has also been made in the development of redirectional programs for girls and young women in State and community organization.

The resources of each community which combats this problem vary. However, the basic constituents are the law-enforcement and the welfare agencies, the departments of health and education, and private organizations and individuals. It is essential that their efforts be strengthened and integrated so that an organized and unremitting community program will be carried forward.

The legislation which you are considering has been cleared with the Bureau of the Budget and is in keeping with the President's program. I believe that the passage of this bill, providing for the continuation of the social protection services to States and communities, is of vital importance to our national welfare. In support of the bill, I am submitting for the record a summary concerning three major aspects of this subject: First, the lessons of war experience as basis for future progress; second, problems still outstanding; and, third, practical ways and means of dealing with this hazard on a Nation-wide scale.

Mr. Chairman, my associates and I are appreciative of your courtesy in permitting us to come before you this morning to present our viewpoint of what we sincerely believe to be one of our most perplexing medical and the outstanding social problem of our time.

May I have permission, Mr. Chairman, to submit this matter for the record?

Mr. WALTER. Yes.

(The matter referred to is as follows:)

SOCIAL PROTECTION DURING THE WAR

During the past 5 years the Social Protection Division, in keeping with its eight-point agreement with the Army, Navy, Public Health Service, and American Social Hygiene Association, has carried on, as a first responsibility, an aggressive program of repression of prostitution. During the war years, attention has been particularly focused on communities adjacent to military and naval establishments.

The success of this program has exceeded all expectations. Over 700 communities have abolished tolerated houses of prostitution. Recommended policies of law enforcement in the prevention of prostitution and juvenile delinquency, the use of policewomen, approved standards of detention facilities, which were developed in cooperation with law enforcement officials, are being widely adopted throughout the country.

As venereal-disease infections from professional prostitutes were reduced, with the closing of red-light districts, the promiscuous pick-up or amateur became the main source of infection, and emphasis was then placed on protective policing by police officers and policewomen to prevent street and tavern pick-ups, and on self-policing by hotels, tavern owners, taxicab companies, and dance halls. In this effort the active support of hotel and tavern associations, beer and liquor industries, was secured both nationally and locally, and also the assistance of State liquor commissions.

The Surgeons General of the Army, Navy and United States Public Health Service have all given generous credit to the Social Protection Division's repression program and have recognized that this was an important factor in achieving the lowest wartime VD rate of any military force in any country. Statistics prove that whenever prostitution was repressed, there was a rapid reduction in the number of military infections in nearby camps and also in the number of reported infections of civilian personnel. Another effect, according to chiefs of police and crime reports is that the repression of prostitution likewise reduces the problems of juvenile delinquency and adult crimes, including, contrary to some forecasts, rape and other sex offenses.

As a second responsibility the Division was also charged with the responsibility of stimulating and aiding in the development of programs for the redirection of sexually delinquent girls. Progress in this field has been much slower than in the field of law enforcement and repression. However, social protection representatives have worked with appropriate local agencies in different parts of the country in developing methods and techniques of social treatment of sex delinquents and there are now enough successful demonstrations to indicate the possibility of measurable success in this effort and the importance of the extension of this type of service.

The third principal activity of the social protection staff has been to further cooperative working relationships between the police, courts, health and welfare agencies. The prevention of prostitution and the readjustment of its victims require not only competent professional service by each of these four types of agencies, but are also dependent upon well developed plans of cooperation in what must be a joint effort. During recent months, as part of their service to public officials, social protection representatives have placed particular emphasis upon encouraging this cooperation, and in approximately 200 cities social-protection boards have been established as part of the city administrations to bring appropriate officials, agency executives, and key citizens together for the purpose of joint planning. The organization of such local boards is an important first step in the development of cooperative programs. It is, however, only a first step in this direction. Achieving cooperation among a number of individual agencies is an undertaking that requires months of committee work.

For some time it has been observed that the majority of infections among the armed forces are acquired during furlough, consequently in communities other than those adjoining camps. As this situation has developed, the Social Protection Division has encouraged an extension of social protection programs to all communities and has worked for the organization of State social protection programs and the development of State staffs to reach many more areas throughout States. Such a program has been established in New Jersey and Georgia and is in process of development in a number of other States.

POSTWAR PROBLEMS AND HOW THE SOCIAL PROTECTION DIVISION CAN AID IN MEETING THESE PROBLEMS

Following World War I there was a resurgence of commercialized vice, and venereal disease reached epidemic proportions. Current trends in vice and venereal disease indicate that the country again faces the danger of similar developments. Under each of the following headings the statement of problems is followed by a brief discussion of what a continued social-protection program could do about them.

- Threatened return of prostitution.
- Promiscuity.
- Redirection of sex delinquents.
- Interagency cooperation.
- Prostitution and the courts.
- Juvenile delinquency.
- Venereal disease.

In addition to the specific problems and services, there is also discussion of some of the national relationships of the Social Protection Division.

- National committees.
- Army and Navy.
- Social Protection Division and United States Public Health Service.

During the war social-protection activities have been concentrated in areas adjacent to military and naval establishments. This has been due to the terms

of its charge under the interdepartmental agreement, as well as to limitations of staff and time. Inasmuch as 60 percent of all military infections are now acquired during leave, this policy does not even provide protection for the armed services. There are many areas still unworked that need assistance.

Vice operators in many communities, recognizing that the Social Protection Division of the Federal Security Agency was set up on a war basis, have been confidently awaiting the end of the emergency period. The social and economic maladjustments of the postwar period are already producing an increase in venereal disease, delinquency, and a return of commercial prostitution. The most effective national and local effort will be required to check these increases. In all too many areas there exists only a half formed desire to do something. Too many citizens see only the outward manifestations in juvenile delinquency reports and health department morbidity statistics.

The Social Protection Division should continue to provide communities with the impetus, the technical knowledge, and guidance in combatting these conditions. Their correction is necessary to our national welfare. The next few years will determine whether wartime advances are to be retained and extended or whether the gains resulting from expenditures of time, effort, and money of Federal, State, and local governments and private individuals and organizations are to be lost.

THREATENED RETURN OF PROSTITUTION

The problems

Former vice interests and operators of houses of prostitution, counting on a general let-down in community morale and cessation of Federal concern, are confidently expecting again to reopen their houses. In most communities they have retained titles or leases on the properties in which they formerly did business. Some communities have already witnessed a return of commercialized prostitution. In some communities, on the other hand, the social customs and the determination of public and civic leaders apparently preclude such retrogression. However, in the vast majority of communities the decision now hangs in the balance. Without continued support and assistance of the Federal Government, local officials may well succumb to the pressures of organized vice which has a big financial stake for which to fight. This analysis of the situation based on the reports of social-protection representatives is confirmed by the following letter recently received by the Administrator of the Federal Security Agency from the American Social Hygiene Association:

DEAR MR. MILLER: As you know, the American Social Hygiene Association has, during the war and at the special request of the Army, Navy, Public Health Service, and the Federal Security Agency, intensified and greatly expanded its regular field studies of prostitution conditions throughout the United States to include especially those communities near which any branch of the armed forces was stationed.

These studies were used by the field agents of the Social Protection Division of your Agency in cooperation with State and local authorities to reduce commercial prostitution in these areas to the lowest minimum it has ever reached.

This achievement was reflected in correspondingly low rates of disorder and infection with the venereal diseases among soldiers and sailors throughout the United States. Since VE-day, however, our field investigations show conditions which indicate an increasing relaxation of efforts by many local communities to maintain this splendid record. Our studies indicate also that the main reason for this relaxation of effort is that many of these communities have looked upon the repression of prostitution as an activity which the Federal Government had promoted as a war measure which it would surely abandon at war's end—an example which these local communities feel they would be justified in following.

Most of these communities would undoubtedly revive and continue their efforts to deal with this problem if the Federal Government gave any clear indication that it still desired such action and would cooperate in carrying it out.

We hope very much, therefore, that the Congress will see fit to appropriate the necessary funds to enable the Social Protection Division to discharge this Federal cooperative responsibility and also to continue some legislation similar in principle to the May Act.

In many cities there is evidence that operators and facilitators confidently plan to reopen their houses, but in a substantial proportion of these places present officials and/or community forces are determined to prevent such action. These are the cities in which the question of such places remaining closed or again actively operating hangs in the balance.

The association has recently made an analysis of 181 cities in or near which commercialized prostitution had been easily accessible some time within the 2 year period prior to the war. During the war nearly all of these cities improved these conditions substantially with the cooperation of the Federal Government. As of December 4, 1945, however, commercialized prostitution had again become easily accessible in 50 of these cities.

Sincerely yours,

BASCOM JOHNSON.

Director, Division of Legal and Protective Measures.

The postwar planning report of the International Association of Chiefs of Police, states in part: "There is every reason to believe that the racketeers and gangsters who controlled the prostitution racket before the war are also making postwar plans to renew their activities. We must resist this movement with every resource at our command and enlist the support of our decent citizens in the fight to keep this racket from again spreading over the country and carrying with it disease and corruption. Police chiefs who take a firm stand on this subject will retain their self-respect and win the gratitude of the mothers and fathers of the Nation."

In the last few years the active support of repression has been secured from 92 percent of the police chiefs of America. Valuable assistance has been provided in the improvement of methods and techniques. Mayors and chiefs of police, however, state frankly that continued repression depends upon active citizen support. Too many citizens still believe that prostitution is a necessary evil that can be made safe through medical inspection. They fail to recognize that it is, as stated by the International Association of Chiefs of Police, "A filthy, corrupting racket." The American Medical Association describes medical inspection of prostitutes as untrustworthy and inefficient and describes physicians who provide certificates as violating the principles of accepted medical practice.

In asking the Social Protection Division to create and keep active a permanent Social Protection Committee, the chief of the vice squad in Houston where service had been withdrawn because of the reduced social protection staff said:

"The shysters, the pimps, the madams, prostitutes, promoters, shady real estate owners, and the whole rotten gang, plus their so-called respectable front men, are the only ones we hear from. The decent public doesn't know we exist, and all the pressure we get is from the underworld."

What the Social Protection Division can do

Representatives of the Social Protection Division work continuously with police chiefs, sheriffs, and city officials in urging strong continued repression programs. They help to improve methods of law enforcement, protective policing, detention of both adults and juveniles, and the use of policewomen. Successful procedures developed in one community are rapidly made available to other police departments.

Through printed material and meetings of field representatives with civic leaders, service clubs, and community groups, an appreciation of the dangers and costs of prostitution is developed, together with citizen support of strong law enforcement. During the war such activity has caused many communities to change established customs and methods. This work needs to be continued and extended.

In 1941 the Social Protection Division appointed a national advisory police committee composed of leaders among police chiefs and sheriffs. This committee has been continuously active and has cooperated with the Division in the preparation of the manuals, *Techniques of Law Enforcement Against Prostitution*, *Techniques of Law Enforcement in the Treatment of Juveniles* and *the Prevention of Juvenile Delinquency*, *Recommendations on Standards for Detention of Juveniles and Adults*, and *Techniques of Law Enforcement in the Use of Policewomen With Special Reference to Social Protection*, which have been widely accepted and used by police departments, schools, and universities. Members of the committee have been consistently valuable in supporting sound law enforcement practices in social

protection and in securing the cooperation of chiefs of police in the repression program.

The Division should continue to work actively with the members of this committee as an important aid in maintaining police cooperation in the retention of wartime gains.

PROMISCUITY

The problems

With the widespread repression of organized prostitution, the promiscuous girl or "pick-up" has become the main source of infection. Reports from individual communities provide overwhelming evidence that closing of houses of prostitution has not resulted in an increase in promiscuous contacts. However, elimination of what was formerly the main source of venereal disease infection has made the effects and extent of promiscuity more apparent.

What the Social Protection Division can do

Field representatives encourage programs of protective policing especially through the use of policewomen which are now employed by 27 percent of the police departments. Particular attention is devoted to places of employment which violate age, wage-and-hour laws, to taverns which permit patronage by minors or hire them as waitresses, and to public or "taxi" dance halls.

In correcting many of these conditions the cooperation of State liquor commissioners is secured. Although bars and taverns are responsible for 50 to 60 percent of contacts leading to venereal disease, it is always found that all of these contacts originate in a very few bars, usually about 5 percent of the total number. Representatives find that the organization of self-policing committees of taverns and hotel owners has been an effective means of dealing with the offending minority. Such self-policing programs have already been established in 37 percent of the communities and should be extended to the balance.

Nationally the Social Protection Division has cooperated with the National Advisory Police Committee in preparing a manual, *Techniques of Law Enforcement in the Use of Policewomen With Special Reference to Social Protection*. This has helped to create an increased demand for qualified policewomen. Copies of this manual have been requested by many universities considering the development of training courses and institutes and by United States Employment Service offices as a guide in vocational advising. The current problem is the dearth of trained personnel and the Division plans to intensify its stimulation of training courses and institutes.

In promoting the improvement of conditions in taverns and hotels, the Division has the whole-hearted cooperation of the brewers and distillers associations. The Conference of Alcoholic Beverages Industries, Inc., in its resolution of cooperation states:

"The Conference of Alcoholic Beverages Industries, Inc., is a trade association consisting of nine trade associations representing producers, distributors, and retailers. Among these member associations are the American Hotel Association and the National Tavern Association, whose members represent the principal agencies of retail services to the public. Another member, the Distilled Spirits Institute, represents the manufacturers. These associations and organizations are cooperating wholeheartedly with the conference in a national public relations program.

"The conference itself has organized industry committees in 46 States and the District of Columbia for the express purpose of contributing to the war effort and cooperating with public officials. Whenever required, meetings can be held on short notice to pledge cooperation of the industry in any constructive activity engaged in or suggested by the public officials."

REDIRECTION OF SEX DELINQUENTS

The problems

Only by removing the sex delinquent from the treadmill of infection, cure, reinfection can real progress be made in the reduction of venereal disease. The hardened prostitutes form the minority of those appearing in court on sex charges or at venereal disease clinics. Progress can be made only as sex delinquency is reduced and the young persons involved redirected so that they

can live adjusted productive lives free of venereal disease or exploitation. The hardened prostitute of today was a young first offender of a year or two or three years ago.

The first impetus pushing a young offender toward confirmed delinquency or normal living is her detention experience. Two-thirds of the communities do not have facilities that can be classified as "good" by even the "minimum standards capable of immediate attainment" recommended by the Division's National Advisory Police Committee. Many of these jails are "schools of crime." In some, young delinquents 15 to 19 are housed with depraved repeaters.

Case by case treatment by welfare or social agencies, based on the particular problem of the individual, offers one of the major tools in the redirection of sex delinquents, at least of the younger first offenders. However, in 70 percent of the communities welfare agencies are at present unready to provide this service or are not being called upon by the police and courts.

What the Social Protection Division can do

In a number of communities social protection representatives have helped to secure official action and citizen support for better detention facilities, or, when this was impossible due to war restrictions, for improved sanitation, food, segregation, and general administration. They encourage separate detention facilities for juveniles and the use of carefully selected and supervised boarding houses. In 57 percent of the cities such a boarding home program is in operation. As building material again becomes available increased emphasis should be placed on adequate and suitable facilities. Recommended Standards for Detention of Juveniles and Adults, compiled by the National Advisory Police Committee, places special emphasis on steps that can now be taken to improve conditions, pending the providing of new facilities.

Social protection representatives have worked with local welfare agencies, both public and private, in inaugurating experimental programs of redirection. These experiments show that a substantial number of sex offenders can be redirected.

In several communities agencies or institutions have been created for this purpose, in others the functions of existing organizations have been expanded, while in still others agencies dealing with various aspects of the problem have been brought together in joint programs.

Representatives in working with local agencies encourage the adoption of those methods which have proven successful.

The Division is currently preparing a guide, *Social Treatment of Sex Delinquents*, based on the results of local programs. Leading psychiatrists and social workers are assisting in its preparation. During the coming year this publication and related material will be distributed through national private welfare organizations. Schools of social work will be encouraged and assisted in developing courses in this specialized field of case work.

INTERAGENCY PROGRAM

The problems

One of the greatest blocks to a successful program for the control of prostitution and sex delinquency has been lack of cooperation among agencies working on different aspects of the problem. Lack of knowledge of the complete picture, traditional professional jealousies, and natural inertia are still stumbling blocks to cooperative action in many areas.

Regardless of the skill of any one agency, a social protection program cannot be effective unless the courts, police, and health and welfare agencies work as a unit. It does no good to have police arrest prostitutes and have the courts conduct what amounts to an informal licensing program, through routine fines. It is only by studying each case that the courts can impose sentences based on the needs of the individual, and such sentences can be carried out only if there are available agencies and institutions ready and capable of providing therapeutic services. Not only are medical examinations for those arrested in suspicious circumstances important, but the police must be ready to cooperate in locating contacts when proper health warrants have been issued. These are but a few outstanding examples of the kind of cooperation required.

The following analysis shows how much needs to be done in improving these working relationships:

Percent of cities in which police have a good working relationship with—	Percent
Health departments.....	53
Adult courts.....	61
Juvenile courts.....	41
Welfare agencies.....	18
Percent of cities in which health departments have a good working relationship with—	
Police.....	53
Adult courts.....	41
Juvenile courts.....	40
Welfare agencies.....	40
Percent of cities in which adult courts have a good working relationship with—	
Health departments.....	41
Police.....	61
Juvenile courts.....	42
Welfare agencies.....	12
Percent of cities in which juvenile courts have a good working relationship with—	
Health departments.....	40
Police.....	41
Adult courts.....	42
Welfare agencies.....	52
Percent of cities in which welfare agencies have a good working relationship with—	
Health departments.....	40
Adult courts.....	12
Police.....	18
Juvenile courts.....	52

What the Social Protection Division can do

As representatives of an impartial Federal agency with a broad understanding of the total program, field men, with the support of State officials concerned, are able to bring about an integration of separate public and private agencies. A most useful device is the creation of a mayor's committee or social protection board bringing together the directors of public and private agencies for joint planning. Such boards have been established in 200 communities. Those that have been in operation for some time have largely eliminated the problem of non-cooperation. The reason that more boards have not been established for a longer period is that during the early years of the war the social protection staff had to devote all of its time to the repression of organized prostitution. The organization of boards at this time is important to improve over-all programs and also to provide united support for the retention of gains already made in repression, redirection, and prevention.

PROSTITUTION AND THE COURTS

The problems

One of the most difficult problems in social protection has been the lack of uniformity in the court's treatment of sex delinquents. The best possible law-enforcement program can be largely nullified when the court simply imposes a routine fine and turns the prostitute loose to continue her activities. This constitutes simply an informal licensing program. Little is accomplished when a court suspends sentence on the promise of the prostitute to leave town. She simply passes on to the next community there to ply her trade and spread disease. In spite of intensive work with courts during the past 4 years and efforts to secure better legislation and satisfactory detention facilities, 41 percent of the courts still follow the system of routine fines.

All agencies cooperating in this program, the American Bar Association, the National Sheriffs' Association, the International Association of Chiefs of Police, the American Social Hygiene Association, and the Federal Government, although pointing out the national significance of the venereal-disease program, have emphasized the vital importance of local control. The courts have been asked, within the limitations of local law, to adopt the following policies:

1. That in all criminal matters the person be tried upon the basis of the offense charged without consideration of the presence or suspected presence of venereal

disease; in order that there be no confusion between committing a crime and suffering from a disease.

2. That the courts aid in reducing prostitution to a minimum by taking the profit out of the business by meting out to all persons who exploit women in prostitution and promiscuity, the third party interest, whether they be tavern operators, hotel employees, cab drivers, madams, or go-betweens, penalties sufficiently severe to discourage their continuance in these unhealthy and unpatriotic businesses; and where licensed establishments are involved, the revocation of their licenses be considered by the appropriate licensing agency.

3. That the system of small fines resulting in the "revolving-door-plan" be abolished and that maximum jail sentences be given the hardened prostitute.

4. That courts and police discontinue the practice of turning loose undesirable persons on condition they leave town. Instead, each community is asked to retain and properly dispose of such cases.

5. That probation of "adequacy and quality" be used in the cases of the young and early offender. Social agencies have demonstrated that a high percentage of these girls are subject to rehabilitation and redirection. The Seattle center has successfully redirected 75 percent of this group.

6. Upon conviction that the court consider a presentence study and impose sentence upon the basis of all known factors including presence or absence of infection.

7. That treatment be provided for infected persons sentenced to correctional institutions at the institution.

8. That arrangements for treatment and faithful attention to treatment be made conditions of probation.

In addition to the 41 percent of communities in which routine fines are still used 20 percent of the courts still consider the existence of venereal disease in determining guilt.

What the Social Protection Division can do

In their work in local communities field representatives interpret to judges the importance of the total social protection program and the vital nature of the court's role. This work should be intensified.

The American Bar Association has had a wartime committee on the courts and social protection which has worked with the Division. At the annual meeting of the American Bar Association last December this committee was reconstituted as a permanent committee. During the coming year it is planned to develop, together with the bar association, a guide for the use of courts as a companion piece to previously issued Techniques.

JUVENILE DELINQUENCY

The problems

In large measure promiscuity is becoming a special type of juvenile delinquency. The average age of sex delinquents has been dropping and today many of those spreading venereal disease are of juvenile court age. Measures designed to reduce juvenile delinquency, that is, improvement of social conditions, recreation facilities and other services, will have an effect on the incidence of sexual delinquency. However, the battle against promiscuity and the redirection of young people before unsocial patterns become hardened, requires special emphasis and the cooperation of trade groups and agencies not usually included in juvenile delinquency programs.

Furthermore, the existence of prostitution encourages juvenile delinquency. Delinquency breeds in prostitution areas. Families do live next door to brothels. Children do see a sordid life that may look glamorous and profitable. Children run errands for prostitutes and procurers. Houses are constantly recruiting young girls as inmates and there are examples of free service to high school boys as potential future customers.

What the Social Protection Division can do

Through continued war on organized prostitution, this contributing cause of juvenile delinquency can be substantially eliminated.

Hotels, taxi companies, liquor interests, taverns, civic clubs, and others who are enrolled together with official agencies in the fight against promiscuity can be encouraged to coordinate their efforts with community forces attacking juvenile delinquency on a broad front.

Nationally, the Social Protection Division cooperates with Federal agencies such as the Children's Bureau and bureaus of the Department of Justice and with voluntary agencies such as the National Probation Association and the

General Federation of Women's Clubs, which are directly concerned with the control of juvenile delinquency.

VENEREAL DISEASE

The problems

The increase in venereal disease infections which all competent authorities predicted is already materializing. Postwar social and economic maladjustments are contributing factors. So are the millions of servicemen returning to civilian life from a controlled existence. These situations place a tremendous burden on community facilities in terms of disease tracing, treatment, and preventive work.

Although the medical treatment of venereal diseases has improved tremendously, the problem of reducing the source of infection is relatively untouched. The increasing number of reinfections is evidence of the need to reduce sex delinquency and redirect delinquents. Venereal disease is being recognized as a social problem with a medical aspect. Emphasis must be placed on preventive social treatment as well as curative medical treatment. To do otherwise is to ignore the source of infection of the disease.

What the Social Protection Division can do

All of the activities of the Division that decrease prostitution and promiscuity attack venereal disease at its source.

NATIONAL COMMITTEES

The Social Protection Division has the advantage of three important committees (see attached chart for membership). The National Advisory Police Committee serves as a technical advisory committee on all matters pertaining to law enforcement and self policing. The National Women's Advisory Committee brings to the Division the advice and recommendations of the important women's membership organizations of the country. The National Committee on Social Protection and Venereal Disease serves as a policy board and advises the Federal Security Administrator on all matters pertaining to social protection and venereal disease.

Through their State and local affiliates, members of these three committees can reach a substantial proportion of the urban population of America. Through communications and the dissemination of information they are able to bring support to sound local social protection programs.

The continued active interest of the organizations represented on these committees is of utmost importance in fighting sex delinquency and venereal disease.

ARMY AND NAVY

The Social Protection Division carries out the responsibility of the Federal Security Administrator in regard to obligations accepted in 1940 in an eight-point agreement with the Army, Navy, American Social Hygiene Association and State and Territorial health officers.

No matter what final decision is reached about the size of the Army and Navy there will be substantial military installations in the United States for a considerable period. The Administrator of the Federal Security Agency will have a continuing responsibility for providing social protection services as a safeguard for members of the armed services.

At a meeting of the Interdepartmental Committee (representatives of the Secretaries of War and Navy, the Attorney General, the Federal Security Administrator, and the chairman of the executive committee of the American Social Hygiene Association), held January 14, 1946, a revised draft of the eight-point agreement was prepared as follows:

EIGHT-POINT AGREEMENT

An agreement by the Federal Security Agency, the Treasury, War, and Navy Departments, and State and Territorial health officers on measures for the control of venereal diseases.

(A) It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the United States Public Health Service and the Social Protection Division of the Federal Security Agency, the United States Treasury Department, the United States Army, the United States Navy, and interested voluntary organizations.

CITIZEN
COUNCIL

2 Members

Bowe, Mrs.
Women's
Ladies, P.
Nations
Martens,
Office
Hansen, J.
America
McCall, J.
Nations
McGill, J.
Editor,
Meek, Jud
Municip
Mayer, M.
Member
Miller, W.
Adminis
Milliken,
Metropo
Mitchell,
Chief o
Moore, Dr
Nat'l R
Morrissey
Member
Ness, Eli
Member
Nutt, Hie
U. S. C

(1) Early diagnosis and adequate treatment by the Army, Navy, and Coast Guard of military personnel infected with venereal diseases.

(2) Health departments will assure the adequacy of case-finding, diagnostic treatment, and case-holding procedures for the civilian population.

(3) When authentic information can be obtained as to the probable source of venereal disease infection of military personnel, the facts will be reported by officers of the Army, Navy, or Coast Guard to State or local health authorities. If additional authentic information is available as to contacts had by infected military personnel during the communicable stage, this should also be reported.

(4) All contacts of military personnel with infected civilians should be reported to appropriate officers of the Army, Navy, or Coast Guard by local or State health officers.

(5) Recalcitrant infected persons with venereal diseases should be forcibly isolated during the period of communicability. In civilian populations it is a duty of local health authorities to obtain any needed assistance of the local police authorities in enforcing such isolation.

(6) Opportunities for contacts with persons reasonably suspected of being infected with venereal disease should be decreased as far as possible. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State health departments, the United States Public Health Service, the Social Protection Division, the Army, Navy, and Coast Guard will cooperate with local police authorities in repressing prostitution. Local police departments should be provided with such information relative to places of procurement and exposure as is necessary to carrying out their responsibilities.

(7) An aggressive continuous program of education should be carried on, both among military personnel and the civilian population, regarding the dangers of venereal diseases, methods of preventing venereal infections, and the steps which should be taken if a person suspects that he is infected.

(8) State and Territorial health officers, the Federal Security Administration, the Treasury Department, the Army, and Navy all desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

SOCIAL PROTECTION DIVISION AND UNITED STATES PUBLIC HEALTH SERVICE

Many friends of social protection have asked why this program with its marked influence on venereal disease rates should not be operated by the United States Public Health Service. This matter has been thoroughly considered by the Administrator of the Federal Security Agency, the Surgeon General of the United States Public Health Service, and members of their staffs. The attached correspondence between Mr. Watson B. Miller and Dr. Thomas Parran summarizes the opinions of all those who have been closely identified with the work. The attached chart shows how the Social Protection Division of the Federal Security Agency and the Venereal Disease Division of the United States Public Health Service work together.

FEDERAL SECURITY AGENCY,
Washington, D. C., December 7, 1945.

Dr. THOMAS PARRAN,
Surgeon General, United States Public Health Service,
Washington 25, D. C.

DEAR DR. PARRAN: I know that you agree with me about the importance of continuing social protection activities in the postwar period, and as I have advised you, I am requesting an appropriation for this purpose for 1947. When this appropriation comes up for consideration I am confident that some of those having a sympathetic interest in both the Public Health Service and Social Protection will raise the question as to the possibility of transferring this function to the Public Health Service.

This is a matter to which you have given considerable thought and I would appreciate your comments as to the desirability of such a transfer.

Sincerely yours,

WATSON B. MILLER,
Administrator.

FEDERAL SECURITY AGENCY,
UNITED STATES PUBLIC HEALTH SERVICE,
Washington 14, D. C., December 17, 1945.

MR. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: This is in reply to your letter of December 7 asking my opinion as to whether the social protection program could be carried on as a part of the Public Health Service.

Any program so closely related to the public health could be operated by the Public Health Service, but it is my opinion that social protection activities would be more effective if conducted by an agency directly responsible to you. The spread of venereal disease is but one of many significant social problems caused by prostitution, promiscuity and the conditions which bring about these twin evils. There are many agencies in addition to health departments whose cooperation must be secured if prostitution and sex delinquency are to be prevented. The successful wartime experience of the Social Protection Division indicates, for example, that police departments, jurists, welfare agencies, hotel and tavern owners, and liquor commissioners, must be dealt with constantly if the objectives of social protection are to be obtained. Aside from the fact that certain of the functions performed by social protection have not in the past been considered to be a normal public health activity, most State and local health departments are not staffed and equipped to add such varied and complex relationships to the responsibility of their already overworked staffs.

I hope you are successful in securing an appropriation for social protection for fiscal year 1947. Good evidence exists to indicate that the operators of the prostitution racket in scores of cities are merely biding their time until Federal, State, and local governments relax the wartime policy and program of repression. Even without widespread prostitution and delinquency, the postwar venereal disease problem will be severe—with a recrudescence of prostitution the danger of increased incidence will be definitely greater.

Sincerely yours,

THOMAS PARRAN,
Surgeon General.

MR. MILLER. On February 5 I wrote to the governors of the States and to other chief executives of important political subdivisions. In my letter I pointed out the need for maximum State cooperation in organizing social resources in behalf of the social protection program because the venereal diseases have become widely disseminated throughout the Nation and are no longer confined to the immediate proximity of military installations. Recent reports indicate that 60 percent of venereal infections are contracted in the smaller communities while military personnel are on furlough.

I have received good responses from the governors and I quite clearly recall that Governor Martin of Pennsylvania and Governor Williams of South Carolina and many others were alert to the dangers and seriousness of the problems of sex delinquency and venereal disease.

But all of the responses that we have received were to the effect that the governors desire to have our cooperation and to cooperate with us in meeting this national social problem.

My associates and I, Mr. Chairman, are appreciative of your courtesy and consideration and wish to thank you for your interest and cooperation.

MR. WALTER. In the event that this proposed legislation is enacted into law, how would you administer it?

MR. MILLER. First, I would like to emphasize that this bill does not contemplate the imposition of a Federal program upon any State or community, nor are there any Federal regulations or sanctions. It is a plan to provide technical and professional advisory services upon

request. A discouraging aspect of our current operation is the inability, because of shortage of staff, to respond to many requests for help. The function of the Division is very similar to that performed by many agencies of the Federal Government, such as the Children's Bureau, the Department of Labor, or the Department of Agriculture. Members of the social protection staff are keenly aware of the autonomy and responsibility of State governments and the integrity of local communities.

Mr. WALTER. In the event that this proposed legislation is enacted into law, how would you administer it?

Mr. MILLER. Second. I would like to say I would administer it in the same way that we have in the past, and that is we would assist the several States by means of technical and professional advisory services and the collection and publication of information, and through or at the request of appropriate State officials of the respective States or their political subdivisions, assist nongovernmental organizations (a) to develop and carry out, particularly in areas where such measures are of importance to military or naval personnel, measures designed to prevent prostitution, eliminate conditions contributing to sex delinquency, and provide services for the rehabilitation of sex delinquents, and (b) to foster cooperation in communities between law enforcement, welfare, and other public and private activities for the purpose of preventing prostitution, eliminating conditions contributing to sex delinquency, and providing services for the rehabilitation of sex delinquents.

It is recognized that when a problem or program transcends State boundaries it is necessary for the Federal Government to enter the picture. It is known that the travels of infected persons and promiscuous women are not limited by geographical boundaries. A characteristic of the prostitute is her constant movement from one community to another. In fact, there is a tendency on the part of States and communities to shift their responsibility for dealing with such persons to other areas. Unless there is nearly simultaneous and continuous stimulus to and action by all communities, the progressive communities will be penalized for their efforts. The less progressive areas will transfer their burdens to those willing to assume them. Even more important, the problem will not be solved.

The very magnitude of the problem necessitates Federal action. The high venereal disease rates represent a socio-medical problem. It is being attacked by the Federal Government through grants-in-aid to the States and their political subdivisions. The United States Public Health Service is urging and assisting in the creation of better medical treatment methods, improved case finding and holding techniques, and more comprehensive and intensive programs of venereal disease education.

However, venereal disease is but a manifestation of widespread social and personal delinquency. It is this delinquency which is the antecedent to venereal disease and an evil per se. Delinquency is behavior contrary to the established social standards of home and community life. As such it weakens the foundations of the Nation. Its present widespread incidence demonstrates the menace to the national future and its redirection is a problem of serious concern to the Government itself.

We do not go into States and communities without an invitation or the development of a proper relationship between the Federal Government, the State, and the political subdivision.

The operation which you might call a firing line operation—and most of you gentlemen have had experience during the war and know what that means—includes contacts with hotels, taxicab drivers, taverns, and health associations, and with organizations within the communities, pointing out to them successful techniques and practices in other areas and surveying and advising on their particular problems with constructive recommendations.

Mr. BRYSON. Mr. Miller, could you actually, upon an invitation from a State or a community, or on your own initiative, set up prophylactic stations or treatment stations?

Mr. MILLER. An agency of the Federal Government, the United States Public Health Service, cooperates with and renders assistance to States and their political subdivisions, and sufficient funds are given through grants-in-aid to assist in establishing and maintaining effective measures for the treatment, control, and prevention of venereal disease.

Mr. BRYSON. Do you sometimes add Federal funds to local funds? If a State or a city would be willing to cooperate in opening up such a station by providing rent free, for instance, in the courthouse or the city hall, would you do that?

Mr. MILLER. That actual arrangement is effected through the Public Health Service and the States or municipalities; but it is consummated.

Mr. GWYNNE. Leaving out the question of the armed forces, I have been wondering how this would be administered. In my own State of Iowa we have good laws against prostitution. We not only have criminal statutes but we are able to go into a court of equity in such situations; and also we have a provision for the operation of clinics for venereal disease, and a great deal of education is constantly being carried on, not only through Federal sources, but in most churches and schools. I am wondering what, in addition to that, would help solve that problem. Could you do that if you had this law?

Mr. MILLER. I would like to answer that by quoting from a recent statement by Mayor Cain of Tacoma who said:

The honest, sincere, courageous, but very often harassed and worried public official has been helped immeasurably by the support and advice about methods which have proven workable in other communities which he has gotten from the disinterested informed agents of the Social Protection Division. Using my city of Tacoma as an example, the program which we obviously should have had for years but did not have come into existence and did fine work because of the grand relationship which was rapidly achieved by the Social Protection Division with the States and local communities.

Mr. WALTER. The next witness is Mrs. Horace B. Ritchie. Will you please identify yourself?

STATEMENT OF MRS. HORACE B. RITCHIE, ATHENS, GA., CHAIRMAN, NATIONAL WOMEN'S ADVISORY COMMITTEE ON SOCIAL PROTECTION

Mrs. RITCHIE. Mr. Chairman. I am chairman of the National Women's Advisory Committee on Social Protection.

This committee comprises 33 national women's organizations, with a combined Nation-wide membership of about 22,000,000. Our com-

mittee has been working closely with the Social Protection Division for more than 2 years, and we are thoroughly convinced of the value of the Federal social protection program and the need for its continuance. We have besides these 33 organizations, a wide associate membership of prominent individuals also interested in the program.

I would like to emphasize the point that before the Federal Government had taken an active part in the repression of prostitution, many women's organizations had tried to conduct a campaign of their own against this evil. The General Federation of Women's Clubs more than 50 years ago passed a resolution in which they expressed their deep concern, and said here is something that is of particular interest to members of their families. They were ridiculed as moralists and their work was completely ineffective. With the backing and support of the Federal Government, however, a new status was given to the work of women's organizations and of their individual members. In working cooperatively with the Social Protection Division their efforts have been strengthened and they have been able to work side by side with their Government in the effort to eradicate this age-old problem.

The women of America are extremely interested in this problem, and have been interested in it for a long time. We are eager that this bill be passed because we realize that success will come through active and intelligent leadership.

The members of the committee have studied S. 1779 and urge that the bill be enacted in its present form.

That prostitution should be repressed goes without saying. That in order to accomplish this it is necessary for all available forces to be brought to bear on this problem is plain. However, I would like to stress one reason for continuance of the Federal program which seems particularly important to our committee.

Our members are deeply concerned by the increase in sex delinquency and sexual promiscuity during the war years, especially as apparently occurring among very young people. Recently the committee had presented to it the following resolution, which expressed our concern and our hope that vigorous steps may be taken toward betterment of these conditions:

RESOLUTION* ON SOCIAL PROTECTION

Whereas there is reason to believe that, in the postwar reconstruction period, the united efforts of national, State, and local agencies, both official and voluntary, will be necessary to hold the gains made in wartime against prostitution and allied conditions; and

Whereas the Social Protection Division of the Federal Security Agency, at present a temporary Federal service, has cooperated successfully in developing policies and programs, thereby helping to achieve these wartime gains, in states and communities concerned, therefore, be it

Resolved, That it is the opinion of this committee that provision should be made now for the continuance by the Federal Security Agency of service and support to States, and through them, to local authorities and agencies who are in a position to combat prostitution and related conditions and to secure the enforcement of effective laws and ordinances; furthermore, be it

Resolved, That it is our opinion that such Federal agency should have the necessary status and resources in funds and personnel, to permit it to work effectively throughout the States, Territories, and possessions of the United States.

These principles have been reaffirmed through statements and resolutions by numerous national women's agencies, including the General

Federation of Women's Clubs, the National Congress of Parents and Teachers, the National Council of Negro Women, and the National Council of Jewish Women, and other important groups. Along with this statement these groups have adopted special resolutions calling for the continuation of the Federal program of social protection as a strong factor in improving community conditions and protecting young people.

We have faith in our youth. We believe that we have a profound responsibility to them—especially to the young veterans of the war and the home front. We believe that one way in which these young people can be best assisted in the difficult adjustments through which they and all of us are now passing is by reducing to the lowest possible minimum in community environment the vice and disease which spring from prostitution. If we permit a revival of widespread prostitution commercialized, with the inevitable degradation of family life which accompanies this racket, we shall be shirking our responsibility both to youth and ourselves.

Women's organizations have been active in opposing commercialized prostitution for many years. We have continuously cooperated with repressive efforts nationally and locally. During the last 5 years, we have found in the Social Protection Division a new source of strength for securing community action. We believe this source should be maintained, as a necessity in the encouragement of sound and wholesome family and community life.

During the past year I have traveled extensively throughout the South and Southeast. In my discussions with them, I find that health officers in all of these States are unanimously appreciative of the help they have received from the Social Protection Division in developing and promoting acceptance of sound control methods by the public. They are all anxious that this service be continued and believe that discontinuation of this program would be an inestimable loss to them and to the States and communities. The same opinion was expressed by many other Government officials with whom I have discussed the Social Protection Division.

Mr. WALTER. We thank you for your statement.

The next witness is Mr. Ray H. Everett, executive secretary of the District of Columbia Social Hygiene Society.

Will you please identify yourself?

STATEMENT OF RAY H. EVERETT, EXECUTIVE SECRETARY, DISTRICT OF COLUMBIA SOCIAL HYGIENE SOCIETY, WASHINGTON, D. C.

Mr. EVERETT. Mr. Chairman, my name is Ray H. Everett; I am executive secretary of the Social Hygiene Society of the District of Columbia.

Speaking very briefly, from the background of an old sociologist, I occupied the chair in sociology for a short time in one of our local universities.

You asked about percentage of infection.

I recall an incident during the First World War which involved 31 women in the vicinity of an Army camp. We had a high rate of infections in the neighboring camp in that year, and the local people were in control of the situation.

The State officials came in and these women were examined and 29 out of 31 were found to have venereal disease. That accounted largely for the epidemic in that particular camp.

There are three points I would like to make. First, let us remember the human material for prostitution comes from our lowest economic brackets, largely those who are least able to protect themselves.

Another point is that there is a real economic aspect that has not been brought out in this matter against prostitution. That is the increase in the taxable values of property within the red-light districts, particularly in the peripheral area contiguous to the red-light district that has been done away with.

Prior to that time you cannot get decent folks to live within the district, or in this adjoining area.

After the red-light district has been wiped out, then there will be an increase in the value of taxable property in that area.

Thank you, Mr. Chairman.

Mr. WALTER. Thank you, Mr. Everett.

Mr. WALTER. The next witness is Mrs. Esther Emerson Sweeney.

Will you please identify yourself?

STATEMENT OF MRS. ESTHER EMERSON SWEENEY, FIELD REPRESENTATIVE, AMERICAN SOCIAL HYGIENE ASSOCIATION, NEW YORK, N. Y.

Mrs. SWEENEY. Mr. Chairman, I am Esther Emerson Sweeney, field representative of the American Social Hygiene Association of New York City.

I am testifying on the basis of this experience combined with extensive experience in the National Travelers Aid Association, the New York City Department of Welfare, and as a graduate of Misericordia Hospital, an institution which includes an extensive service to unmarried mothers in its general program.

As a nurse and later, in my work with the National Travelers Aid Association, I have come into close contact with hundreds of young girls whose protection the passage of H. R. 5234 concerns. There are thousands more of them, all over the country.

They come, in the main, from broken, unhappy homes; they have usually known few of the normal satisfactions that should be part of every young girl's growing years. Their search for a happier lot has been misguided and they turn up in hospitals, rapid treatment centers, Travelers Aid desks and in other social agencies—in serious trouble.

Now, we know that this group, more than any other group, forms the pool from which recruitments into the prostitution racket can be made. They are discouraged, they are insecure, they are afraid of the future. What could be easier than to entice them into prostitution with treacherously false promises? And what can look more desirable to them than promises of money, good clothes, so-called good times?

There is for these young girls a far better solution. With help we know that they can be brought back. The social agencies will really help them to win the fight for decency, for real security, for a place in community life.

The choice between acceptance of a job in the prostitution racket and accepting help toward decent living is not always an easy one; it is not a black or white decision. These young girls have their own discouragement to deal with, their own fears, their own guilt; and many of them will readily fall into what looks like the easiest solution of their problem. So long as there is prostitution, anywhere in our country, there will be recruitment. And it is the human resources of the country that are being drained off to fill the vacancies in prostitution. Not one young girl, not one potential good citizen, good wife, or mother of the future should be sacrificed to this filthy exploitation.

This is not a Nation that holds life cheap. This is a Christian country where every human life, every immortal soul has value. The protection of our young girls by passage of this bill will say this to our people, and to the world, with a clarion voice.

So far I have spoken only of protection of young lives from active recruitment into prostitution. For just a moment, I should like to speak of the whole, broad community in our cities over the land. A duty of protection is equally imperative there. Protective measures, for public morals, are not new. Books, the radio, the motion pictures are constantly being reviewed for fitness for public consumption. This is protection—protection from what theologians call the occasion of sin. How much more important is it, then, to protect our people from prostitution and other community evils that are of the most vicious sort. In protection against prostitution, we are protecting our young people, we are protecting the American family, we are protecting American health.

Every community has certain rights—all the people in the community have certain rights. The right to a decent community environment in which to live, to raise one's children; the right to live unpreyed upon by cheap racketeers; the right to the best in opportunities for decent family life. The passage of this bill will be an insurance of those broad rights of the people of every State. It will protect those rights; it will guarantee them.

All of my professional experience, all of my personal religious experience, as a Roman Catholic, places upon me the responsibility of reminding you of the moral issues that are involved in this bill. The morals of our people must not only be fostered by the home, the church and the school—they must be protected by every means at hand. Man's soul is the most priceless and irreplaceable resource in this or any civilization. We are our brothers' keepers; we are entrusted with the protection of every man, woman, and child against prostitution and its concomitant grave threats to the moral and social welfare of our families and our communities.

Mr. WALTER. Thank you for your statement.

Mr. WALTER. The next witness is Mr. Eliot Ness, of Cleveland, Ohio.

STATEMENT OF ELIOT NESS, CLEVELAND, OHIO

Mr. NESS. Mr. Chairman, my name is Eliot Ness, and I am appearing today as a private citizen.

I am chairman of the board of Diebold Co., chairman of York Lock and Safe Co. and vice president of the Middle East Co. of Cleveland.

I served as director of public safety in the city of Cleveland, for 6 years, under Mayors Burton and Lausche. After that time I became director of social protection.

I think Mr. Taft has very ably covered the history and development of that program. I do not want to take the time of the committee to comment on that. I will confine my remarks to some observations on the technical aspects of policing.

We came into the period of mobilization with something in excess of 700 prostitution districts in the cities in the United States. Those districts were there because there was a lot of misinformation on the medical front and also on the policing front. The police proceeded on the theory that to protect the health of a community, the most essential way was to set up a prostitution district or to allow one to operate.

They also had the same kind of information with reference to crime.

The experts said that to reduce or control crime you should set up an area in which crime could operate undisturbed.

But we know from our experience, based on the collection of the best experience in policing in this field that local officials can wipe out these districts. Those officials do need a better understanding, a better technical understanding of the question of better public safety.

The division of social protection was able to do that job.

We also found, in spite of the fact that this was one of the oldest police problems, there was no technical information.

Police science is one of the newest sciences in the world. Today it is a little less than 100 years old, and we believe that that science needs development just as medical science does. Things are possible in policing today that were not possible 40 years ago, because we have more information and better equipment, different kinds of equipment, which should make policing more effective.

So there is a great need for technical assistance for local enforcement groups and State enforcement groups, some agency that can collect and evaluate the best sources of that information.

This is extremely important because the great proportion of the people in large communities get their idea of government from what the local police departments do, and the presence of prostitution operations in a community does more to break down the morale and effectiveness of the operations of the police department than anything I know of.

I think the most important thing that the present situation needs is public understanding, public support. This is developing under this program; and I think it is extremely important to have the activity carried on, as I think it means a great deal to the future of our local communities and to the future of the country.

I feel that the bill provides the tools of accomplishing this job.

Mr. WALTER. Thank you very much.

Now, is Capt. Rhoda Milliken here? If not, Mr. Devine, have you a statement you want to file?

**STATEMENT OF THOMAS DEVINE, DIRECTOR, SOCIAL PROTECTION
DIVISION, FEDERAL SECURITY AGENCY**

Mr. DEVINE. Yes, Mr. Chairman; I have a very brief statement I would like to file, if I may.

(The matter submitted for the record is as follows:)

**STATEMENT OF THOMAS DEVINE, DIRECTOR
SOCIAL PROTECTION DIVISION, FEDERAL SECURITY AGENCY**

I appreciate this opportunity and will not abuse it by repeating the story of past accomplishments and proposals for the future program which have been told clearly and forcibly by the various witnesses.

I would like to underscore just one point which is the crux of the challenge, and to me, as an American, a cause of pride in the States and communities of our country.

As a wartime measure communities particularly those adjacent to military establishments were asked to repress prostitution as a protection to the armed forces. There was an implied and sometimes an actual threat that they themselves must clean up, or else—the “or else” usually meaning application of the May Act or action by the Army in declaring the locality or community “off limits.” Either willingly or reluctantly 7-hundred-odd communities which previously had tolerated vice did as they were asked. To the surprise of many the dire results predicted did not happen. Prostitution was not scattered to the residential areas, while rape and other crimes of violence decreased rather than increased with organized vice and its fetid entourage. Some cities even learned that the girls involved were either emotionally sick or trapped persons who should and could be helped to a different way of life.

Even before VJ-day representatives of the Social Protection Division changed the approach. With the backing of governors and other State officials, local officials, and citizens' groups were urged to carry on a complete social protection program; not because anyone was telling them to, but because it was right, it was good for their community and its citizens— and there was plenty of evidence that it could be done.

Our staff offered continuing service in building community appreciation of strong police programs and in aiding with technical know-how.

This leads up to the point that I want to make. In spite of the determined effort of the vice interests to become reestablished—with undercover reports from nearly 30 percent of the cities showing at least an experimental operation—every reopening community to which we have been able to assign a Social Protection representative for a reasonable period has adopted a repression program as a matter of permanent local policy. On the basis of the current approach some places have closed up which either officially or unofficially permitted prostitution to continue right through the war.

Much heartbreak in our operation lies in not being able to answer many requests for help from local communities where vice is reappearing and where we know that help for a few weeks now would result in permanent good.

The opportunity of the moment stems from many factors: The long years of citizen education carried on by the American Social Hygiene Association and others, the war-learned lessons of the possibility and advantages of the clean communities, a staff that has acquired technical proficiency in an extremely complex operation combined with a keen sense of appropriate Federal-State local relationships, an active interest and participation by the important national professional, trade, and membership organizations, the aroused interest of citizen leaders throughout the country which finds its counterpart in the many Members of the Congress who have expressed approval of the legislation now under consideration.

It is probable that at no other time in our history has there been such an opportunity to virtually eradicate the oldest and most vicious social evil.

Mr. DEVINE. I am sure Captain Milliken was here earlier and probably had to leave and intended to get back. I would like to request permission to have her statement filed in the record.

Mr. WALTER. Yes. Let it be filed at this point in the record.

(The matter referred to follows:)

METROPOLITAN POLICE DEPARTMENT,
Washington, D. C., March 18, 1946.

HON. FRANCIS E. WALTER,
Chairman, Judiciary Committee, House of Representatives,
Congress of the United States, Washington, D. C.

MY DEAR MR. WALTER: It was my intention to be present at the hearing on H. R. 5234 this morning and bring with me a statement to be filed with the committee. Unfortunately, however, I was detained because of legal procedures in connection with some work which I did Sunday night and was not able to come. I am therefore mailing you a copy of my statement for such use as you may see fit to make of it.

I sincerely hope that action on this bill may go forward with sufficient speed to prevent the breaking up of this service which is so much needed in the coming year.

Sincerely,

RHODA J. MILLIKEN,

Director, Women's Bureau.

By direction of major and superintendent.

STATEMENT OF CAPT. RHODA J. MILLIKEN, WOMAN'S BUREAU, METROPOLITAN
POLICE DEPARTMENT, WASHINGTON, D. C.

To those of us who, following World War I, had reason to be connected with the problems resulting from a let-down in interest and effort to combat commercial prostitution, control the spread of venereal disease, and offset the attendant tragedies of early delinquency and family disintegration, the prospect of a similar let-down after World War II spells real disaster.

One of the really definite steps which can be taken to prevent such a situation is the continuing of those services to the several States and Territories of the Union by that branch of the Federal Security Agency which has been known to date as the Social Protection Division.

The consultative services of this unit to the law-enforcement bodies throughout the country have been of very material assistance; the acceptability of the personnel to professional groups has made it possible to work out coordination of community services in various parts of the country which has meant not only more effective law enforcement but consolidated drives against those conditions which make possible the growth of organized vice; their collection into simple and readily accessible form data on conditions and on methods of dealing with them, has for the first time put into the hands of both laity and law-enforcement groups, tools which make their efforts to meet these problems really successful.

For these reasons it seems to me imperative that the Congress take such steps as are outlined in H. R. 5234 to provide such services.

Mr. DEVINE. Otherwise, unless some members of the committee have any questions about the actual operation of the Division, I think the filing of my statement will cover my remarks.

Mr. WALTER. Thank you very much.

On behalf of the committee, I want to thank you people who made such splendid statements and rendered what, in my judgment, is a great contribution to forward thinking. I am sure the committee is indebted to all of you.

Mrs. BOLTON. May I say we all feel deeply indebted to the committee in the very broad attitude and the very fine way they have handled the whole situation.

(The following was submitted for the record:)

FEDERAL SECURITY AGENCY,
Washington, February 5, 1946.

HON. CHAUNCEY SPARKS,
Governor of Alabama, Montgomery, Ala.

DEAR GOVERNOR: Since 1941 the Social Protection Division of this Agency has been carrying on its program of repressing prostitution and promiscuity, re-

directing sex delinquents, and assisting communities in organizing and improving their protective services. Under the provisions of the May Act (Public Law 540, 75th Cong.) these activities have been mainly directed toward the control of venereal disease and conservation of war-essential manpower and the protection of the health of our uniformed personnel.

During the war commercialized houses of prostitution were closed in over 700 communities throughout the country and the incidence of venereal disease was materially reduced. Some significant progress has also been made in the development of redirectional programs and State and community organizations.

It is a pleasure to take this opportunity to express the appreciation of the Federal Security Agency for the assistance rendered our program by you and members of your administration. It is our policy to work through and with the duly elected and appointed representatives of the States. We realize full well that a program such as this cannot succeed without the support and cooperation of our citizens. We see our function as one of providing services to the communities in the form of guidance and encouragement and technical knowledge gained from experience.

Unfortunately, the fight against prostitution is not won. About 27 percent of the communities which closed their houses have permitted them to reopen. Venereal disease infections are again increasing. With the end of the emergency period the pressure of vice interests, whose financial stake is large, is being exerted in increasing tempo on local communities and officials. The return of millions of servicemen to civilian life is taxing severely the protective and health facilities of communities and municipalities throughout the Nation. The economic and social maladjustments in the postwar period are also increasing the incidence of venereal disease.

After 4 years of experience, the potentially successful methods of eradicating venereal disease are well delineated. With the medical treatment of the disease tremendously improved in recent months, the remaining task is that of combating its basic cause—sex delinquency. We are all well aware of the rising curve of juvenile delinquency. Statistics also show that the age level of those persons apprehended for promiscuity and prostitution is continually dropping. Thus, sexual behavior is in large measure a component of juvenile delinquency. Venereal disease is a medical manifestation of this delinquency. Only by directing the community resources toward the prevention of this unsocial behavior and the redirection of delinquents can venereal disease be cut off at its source.

The resources of each community to combat this problem vary. However, the basic constituents are the law enforcement and welfare agencies, the departments of health and education, and private organizations and individuals. It is essential that their efforts be stimulated and integrated so that an organized and unremitting community program will obtain.

As Chief Magistrate of your State, you can perform an invaluable service to this State and community effort by facilitating the process of organization during the postwar period.

We are asking therefore that you call upon the agencies of your administration and of the several communities within Alabama to redouble their cooperative efforts to control prostitution, promiscuity, and venereal disease. We are hoping that you will use the prestige of your office to focus the attention of the general public and the available agencies upon the importance and implications of this program. By such leadership you will be performing an invaluable service to the health and welfare of the citizens of your State and of the Nation.

We hope that in the near future you will grant a representative of this Agency the opportunity and privilege of discussing this program with you personally.

Yours sincerely,

WATSON B. MILLER, *Administrator.*

STATE OF ALABAMA,
Montgomery, February 8, 1946.

MR. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

MY DEAR MR. MILLER: The Governor has received your letter and has asked me to advise you that he will be very glad to talk to a representative of your agency and discuss with him the program mentioned in your letter of February 5.

Yours very truly,

GEO. BLISS JONES, *Secretary.*

EXECUTIVE OFFICE, STATE HOUSE,
Phoenix, Ariz., February 18, 1946.

Mr. WATSON MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

MY DEAR MR. MILLER: I was pleased to learn from your letter of February 5 that a representative of the Federal Security Agency will come to Arizona in the near future, and that he will outline your immediate public-health program at that time. I will be glad to have him call upon me to discuss the same, and will be pleased to arrange for our health authorities of Arizona to meet with him, should such a conference be desired. Also, if it is his wish, I will call into conference the peace officers of the State.

I am extremely appreciative of the valuable cooperation which the Federal Security Agency has given in the past to our health authorities in Arizona, and I assure you of a continuance of the cooperative attitude on our part.

I am happy to be able to report to you that the incidence of venereal diseases in Arizona has shown a great decline in the last 2 years, notwithstanding a considerable increase in the Arizona population. The Arizona Health Department reports that in ratio to the estimated population of the State, it is their belief that no increase in venereal disease has occurred since the end of the war.

With all good wishes, I am,

Sincerely,

SIDNEY P. OSBORN, Governor.

STATE OF ARKANSAS,
Little Rock, February 7, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: This is to acknowledge your letter of February 5, 1946; pertaining to activities under the provisions of the May Act.

I assure you that I shall be glad to have a representative of the Federal Security Agency call on me at any time for the purpose of discussing this program.

Sincerely yours,

BEN LANEX, Governor.

STATE OF CALIFORNIA,
Sacramento 14, February 19, 1946.

Mr. WATSON B. MILLER,
Office of the Administrator,
Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: Your letter of February 5 concerning the problem of venereal disease has been received, and copies of it have been sent to Attorney General Kenny; Dr. Wilton L. Halverson, director, department of public health; and Mr. Richard Graves, executive secretary, League of California Cities, with the request that everything possible be done to suppress prostitution and the spread of venereal disease. I have called attention to the fact that this is a critical problem.

With best wishes, I am,

Sincerely,

EARL WARREN, Governor.

STATE OF CALIFORNIA, DEPARTMENT OF JUSTICE,
San Francisco 2, March 8, 1946.

Hon. HATTON W. SUMNERS,
Chairman, Committee on Judiciary, House of Representatives,
Washington, D. C.

DEAR JUDGE SUMNERS: As attorney general of California, I have been in a position to observe the effective work being accomplished through the social protection program of the Federal Security Agency. Law-enforcement agencies know that by combating venereal diseases and suppressing commercial pros-

titution, a full-fledged attack is made against one of the several sources of crime.

I consider this program one of the outstanding socially conscious programs being followed in the country today. I trust that you and the gentlemen comprising your committee will see fit to lend your support to H. R. 234 which will assure the continuation of the Social Protection Program.

Sincerely yours,

ROBERT W. KENNY,
Attorney General.

THE STATE OF COLORADO,
Denver, February 28, 1946.

WATSON B. MILLER,
*Federal Security Agency,
Washington, D. C.*

DEAR WATSON: I am just in receipt of a letter from the State department of public health in response to your letter of February 5, a copy of which I am enclosing herewith for your information.

Rest assured we shall continue to be interested in any suggestions you have to make whereby we may better cooperate in the interest of public health.

Faithfully yours,

JOHN C. VIVIAN, *Governor.*

STATE OF COLORADO DIVISION OF PUBLIC HEALTH,
February 28, 1946.

HON. JOHN C. VIVIAN,
*Governor of Colorado,
Denver, Colo.*

DEAR GOVERNOR: In answer to the enclosed letter from Mr. Watson B. Miller, Administrator of the Federal Security Agency, the venereal disease division of the State bureau of public health has a definite policy established for control. The work of this division is to:

1. Prevent exposure.
2. Find and diagnose all cases of venereal disease.
3. Treat and render noninfectious.
4. Trace out all contacts of infectious cases.

It is in the field of (1) "Preventing exposure" that for the last 4 years we have worked in close cooperation with the Social Protection Division of the Federal Security Administration. Their field of endeavor has to do with the control of prostitution through law enforcement, and the prevention of sex promiscuity and venereal disease through mobilization of community resources to combat unsocial behavior. Consequently, our State may be interested in any suggestions Mr. Barr, local representative of the social protection division, may offer in augmenting the State program, through an integration of the many divisions of State government having to do with social, welfare, and law enforcement problems.

Sincerely yours,

WARD L. CHADWICK,
*Director, Division of Venereal Disease Control,
Surgeon (R) United States Public Health Service.*

STATE OF FLORIDA,
Tallahassee, February 8, 1946.

THE ADMINISTRATOR,
*Federal Security Agency,
Washington, D. C.*

DEAR SIR: I want to thank you for your letter of February 5. As Governor of Florida I will do all that I can appropriately to see the good work of the Federal Security Agency in the field of prostitution and venereal-disease control continued.

Sincerely,

MILLARD F. CALDWELL,
Governor.

STATE OF MAINE,
Augusta, February 7, 1946.

MR. JUBSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: Governor Hildreth has received your letter of February 5, 1946, asking him to call upon his agencies and those of the several communities in Maine to redouble their cooperative efforts to control prostitution, promiscuity, and venereal disease.

The Governor is very much concerned over the problems involved in this matter and you may rest assured he will do everything within his power that is practicable to help. He will be very glad to discuss this program with your representative whenever he is here, subject of course to his being available.

In the meantime, your letter is being referred to the commissioner of health and welfare, who is being requested to study it and make any recommendations he considers desirable.

Sincerely,

WALLACE C. PHILLOON,
Administrative Assistant.

OFFICE OF THE GOVERNOR,
Springfield, Ill., February 18, 1946.

MR. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: Thank you for your letter of February 5 concerning the program of vice suppression and venereal-disease control.

It is my understanding that the Illinois representative of the Social Protection Division has made contact already with the State director of public health and the State director of public welfare in regard to postwar plans as outlined in your letter.

I am confident that the proposals are receiving full consideration and that the agencies of the State government will continue to do everything practicable for the improvement of moral conditions and the control of communicable diseases.

Thanking you for having brought this matter to my attention, I am

Sincerely yours,

DWIGHT H. GREEN,
Governor.

STATE OF INDIANA,
Indianapolis 4, February 8, 1946.

MR. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: This acknowledges receipt of your letter expressing the appreciation of your department for Indiana's assistance in the matter of the eradication of venereal disease during the war years.

You may be assured of our continued cooperation. Dr. L. E. Burney, who is the health commissioner for the State of Indiana, would have supervision over this activity. I am sure you will find him very cooperative.

Sincerely,

RALPH F. GATES,
Governor.

STATE OF KANSAS,
TOPEKA, February 8, 1946.

MR. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: Thank you for your letter of February 5, which I am immediately calling to the attention of the proper department.

Yours truly,

ANDREW F. SCHOEPPPEL,
Governor.

COMMONWEALTH OF KENTUCKY,
Frankfort, February 8, 1946.

Hon. WATSON B. MILLER,
Office of the Administrator, Federal Security Agency,
Washington, D. C.

MY DEAR MR. MILLER: The Governor has directed that I acknowledge and thank you for your letter of February 5.

The Governor will be glad to discuss with you or a representative of your Agency the important question discussed in your letter of February 5 whenever this representative comes to Kentucky.

The Governor recognizes the importance of this problem and did last year appoint a committee to study the question of juvenile delinquency.

Sincerely yours,

RALPH A. HOMAN,
Executive Secretary.

COMMONWEALTH OF MASSACHUSETTS,
Boston, February 18, 1946.

ADMINISTRATOR, FEDERAL SECURITY AGENCY,
Washington, D. C.

DEAR SIR: Your communication of February 5, 1946, relative to venereal disease control through the cooperation of community resources, addressed to the Governor of Massachusetts, has been referred to me for reply.

The program for the control of venereal diseases as set up by the Department of Public Health of the State of Massachusetts includes the cooperation of all agencies concerned with the prevention of those factors which potentially serve to encourage vice and disease. There will be no relaxation in our efforts to combat prostitution, promiscuity, and venereal disease in Massachusetts.

We will be pleased to receive a call from a representative of your Agency to discuss this program personally.

Yours sincerely,

V. A. GETTING, Commissioner.

STATE OF MICHIGAN,
Lansing, February 28, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington 25, D. C.

DEAR MR. MILLER: Governor Kelly has directed me to acknowledge your letter of February 5 relative to the program of repressing prostitution as carried on by the Social Protection Division of your Agency.

This letter has been forwarded to Dr. William DeKleine, Commissioner of the Michigan Department of Health, who, I am confident, will be pleased to discuss this program with your representative, as you have suggested.

Very truly yours,

ARLAN G. LEY,
Executive Secretary.

STATE OF MINNESOTA,
St. Paul 1, February 11, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: This will acknowledge receipt of your communication of February 5.

I shall be glad to have a conference with a representative of your Agency, and I assure you this office will cooperate in every possible manner with your program.

Sincerely yours,

EDWARD J. THYE, Governor.

STATE OF MISSISSIPPI,
Jackson, February 28, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington 25, D. C.

DEAR MR. MILLER: This is to acknowledge your recent letter to Governor Bailey regarding the work of the Social Protection Division of the Federal Security Agency.

We wanted to thank you for your letter and wish to advise you that the Governor is ill at the Baptist Hospital here in Jackson. However, we are taking up this matter with various agencies here in the State, and I am sure that you will have the cooperation of all these agencies.

We are sure that the Governor will be glad to talk with a representative of your Agency at some future date. It is suggested that perhaps a conference could be held sometime after the State legislature has adjourned. This will likely be in early April.

Cordially yours,

W. E. BARKSDALE, *Secretary.*

STATE OF NEBRASKA,
Lincoln, February 9, 1946.

Mr. WATSON B. MILLER,
Office of the Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: This will acknowledge receipt of your communication dated February 5 relative to the importance of focusing attention upon the need for continued vigilance in the VD program.

At the Governor's direction, I am submitting your letter to Dr. W. S. Petty, State director of health.

With kind regards, I remain,
Sincerely yours,

KEN R. KELLER, *Secretary to the Governor.*

STATE OF NEVADA,
Carson City, February 13, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: Your letter of February 5, which sets forth the program of the Federal Security Agency in repressing prostitution and promiscuity and redirecting sex delinquents, has been read with interest.

Although I do not have statistics for Nevada at hand, I know, from Federal statistics, that prostitution, especially among juveniles and women up to the age of 23 years, throughout the United States, has increased appallingly.

A copy of your letter is being sent to the district attorneys in every county in the State. I am asking that they give me a report on their counties relative to the problems that are being confronted in regard to prostitution in the postwar period. I am also asking that they inform me as to the results of the efforts that are being used to control this vice.

By the time that your representative calls on me in Carson City, I should have a valuable cross-section of community thinking on this subject and will gladly discuss the matter.

Very truly yours,

VAIL PITTMAN, *Governor.*

STATE OF NEW JERSEY,
Trenton, February 6, 1946.

WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

MY DEAR DIRECTOR: Thank you for your letter of February 5 expressing approval of the support of this administration in the program of the Social Protection Division of the Federal Security Agency.

You may be assured that the New Jersey Department of Institutions and Agencies, the State police, and other law-enforcement agencies will continue to cooperate in this program to combat venereal disease and juvenile delinquency.

Sincerely yours,

WALTER E. EDGE, *Governor.*

STATE OF NEW MEXICO,
Santa Fe, February 21, 1946.

HON. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: Your letter of February 5 has been received.
I shall be very happy to meet with representatives of the Federal Security Agency to go over the matters outlined in your communication.
As you know, I am always happy to be of any assistance possible.
I expect to be out of the State until March 10, but will be glad to fix a date for a meeting after that time.

Sincerely yours,

JOHN J. DEMPSEY, Governor.

STATE OF NEW YORK,
Albany, February 14, 1946.

WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: I wish to acknowledge receipt of your letter of February 5, addressed to Governor Dewey, relating to the program of repression of prostitution and promiscuity of the Social Protection Division of the Federal Security Agency. You may be sure that this department is fully appreciative of the activities of this division in general, and specifically the work of Mr. Thomas Connolly, your district representative.

We shall continue to cooperate to the fullest extent in this activity, and I have directed Dr. Lade, director of the division of syphilis control, to plan with Mr. Connolly specific measures which may be taken to curb the undoubted tendency toward a recrudescence of prostitution.

Very truly yours,

EDWARD S. GODFREY, Jr.,
Commissioner of Health.

STATE OF NORTH CAROLINA,
Raleigh, February 11, 1946.

THE ADMINISTRATOR,
Federal Security Agency,
Washington, D. C.

DEAR SIR: Acknowledgment is made of your letter of February 5, calling to my attention the program of the Social Protection division of your agency. You are advised that our commissioner of welfare and all other social agencies conducted by the State are in general harmony with your program.

I will be pleased to have a representative of your agency call at the Governor's office at any time.

Yours very truly,

R. GREGO CHERRY, Governor.

STATE OF OHIO,
Columbus 15, February 13, 1946.

WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington 25, D. C.

DEAR MR. MILLER: I have your letter of February 5 relative to your program of repressing prostitution and promiscuity, redirecting sex delinquents, and assisting communities in organizing and improving their protective services. Thanks very much.

This is a program of vital importance to all people.

Sincerely yours,

FRANK J. LAUSCHE, Governor.

STATE OF OREGON,
Salem, February 13, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: Thank you for your letter of the 5th and the information and comment presented.

I shall be very glad to talk with your representative when he calls in Salem subsequently.

Sincerely yours,

EDWARD MARTIN, Governor.

COMMONWEALTH OF PENNSYLVANIA,
Harrisburg, February 13, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: This will acknowledge your letter of February 5, the subject of which both from the military and from the civilian standpoint always has been of exceeding interest to me.

As Governor of this Commonwealth during a time of great emergency, I have used all means at my disposal to minimize the dangers that surround the armed forces.

I assure you that I shall continue to use the authority that is vested in the office of governor in the interest of decent living conditions in the State. Prostitution will not be condoned in Pennsylvania.

I shall be pleased to have your representative discuss these matters with the secretary of health and with the commissioner of State police. If I am in Harrisburg on that occasion, I shall be glad to see him.

Very sincerely,

EDWARD MARTIN, Governor.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS,
Providence, February 12, 1946.

Mr. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR MR. MILLER: Thank you for your letter of February 5. Rhode Island has done an excellent job in this regard, and you certainly can look forward to our continued cooperation.

Sincerely yours,

JOHN O. PASTORE, Governor.

STATE OF SOUTH CAROLINA,
Columbia, February 11, 1946.

FEDERAL SECURITY AGENCY,
Washington, D. C.

DEAR SIR: I have your letter of recent date concerning the Social Protection Division. I will be glad to cooperate with you in this matter and will be glad to discuss a future program with your representative at any time he might call by my office.

With kind regards, I am,
Sincerely yours,

RANSOME J. WILLIAMS, Governor.

STATE OF SOUTH DAKOTA,
Pierre, February 11, 1946.

THE FEDERAL SECURITY AGENCY,
Washington, D. C.

(Attention: Mr. Watson B. Miller, Administrator.)

DEAR MR. MILLER: Acknowledging your letter of February 5, will say that I will, of course, be glad to meet a representative of your Agency and discuss the program suggested personally.

However, I hope that the program does not mean a minimizing of the excellent work which has been done on eradication of venereal disease, as I think that should be one of the main objectives of the Security Agency. I think some excellent work has been done in past years, and as new medical sciences develop in the matter it should enable an agency like this practically to eradicate this disease, regardless of the delinquency angle.

Now, in regard to the delinquency angle, and especially having in view your suggestion that the age limits are continually dropping, it occurs to me that it may be a subject for proper handling by the child welfare divisions of the various social security departments of the State. In other words, I am somewhat hesitant about setting up new agencies when we already have some into which the work might appropriately go. I will reserve a final decision on this, however, until I discuss the matter with the representative of your Agency. At that time it might be well for us to have present the director of the child welfare division of the South Dakota State Social Security Department and also, possibly, the social security director of the State himself. I will be glad to have your reactions to that.

Yours sincerely,

M. Q. SHARPE, Governor.

STATE OF VERMONT,
Montpelier, February 7, 1946.

MR. WATSON B. MILLER,
Administrator, Federal Security Agency,
Washington, D. C.

DEAR SIR: In reply to your letter of February 5, I have been advised by the Governor to inform you that he has and will continue to call upon the agencies within the several communities of the State relative to the subject matter of your letter. You may rest assured the Governor is deeply concerned and will continue to use his good offices in the furtherance of this program.

Very truly yours,

HAROLD C. SYLVESTER,
Secretary of Civil and Military Affairs.

STATE OF WEST VIRGINIA,
Charleston 5, February 11, 1946.

OFFICE OF THE ADMINISTRATOR,
Federal Security Agency, Washington, D. C.

GENTLEMEN: Receipt is acknowledge of your letter of February 5 with reference to the protection of the health of our citizens.

I issued a proclamation relative to Social Hygiene Day in which I pointed out the situation much in the same manner as you outlined in your letter. I assure you that I will be glad to continue to cooperate in this matter in every way possible.

With every good wish, I am,
Sincerely yours,

CLARENCE W. MEADOWS, Governor.

STATE OF WASHINGTON,
Olympia, February 13, 1946.

Mr. WATSON MILLER,
Administrator, Federal Security Agency, Washington, D. C.

DEAR MR. MILLER: Governor Wallgren is in the East and in his absence I am taking the liberty of acknowledging your letter of February 5.

The last legislature appointed an interim committee on juvenile delinquency, consisting of three senators and four representatives. Also, an interim committee on penal and charitable institutions, consisting of three senators and four representatives.

These two committees have been working hand in hand the past year on these problems and have discussed the matter with the local authorities from time to time in preparation of their reports to be submitted to the next legislature.

On Governor Wallgren's return to the office, we will be pleased to call your communication to his attention.

Sincerely yours,

JACK GORRIE,
Assistant to the Governor.

NATIONAL WOMEN'S TRADE UNION LEAGUE OF AMERICA,
Washington 1, D. C., March 18, 1946.

Hon. FRANCIS E. WALTER,
*Chairman, Subcommittee No. 3, House Judiciary Committee,
Washington, D. C.*

DEAR REPRESENTATIVE WALTER: The National Women's Trade Union League, which supported the social protection program conducted by the Federal Security Agency during the war, believes that there is urgent need for the continuation of this program, and, therefore, wishes to go on record in support of H. R. 5234, now being considered by your committee.

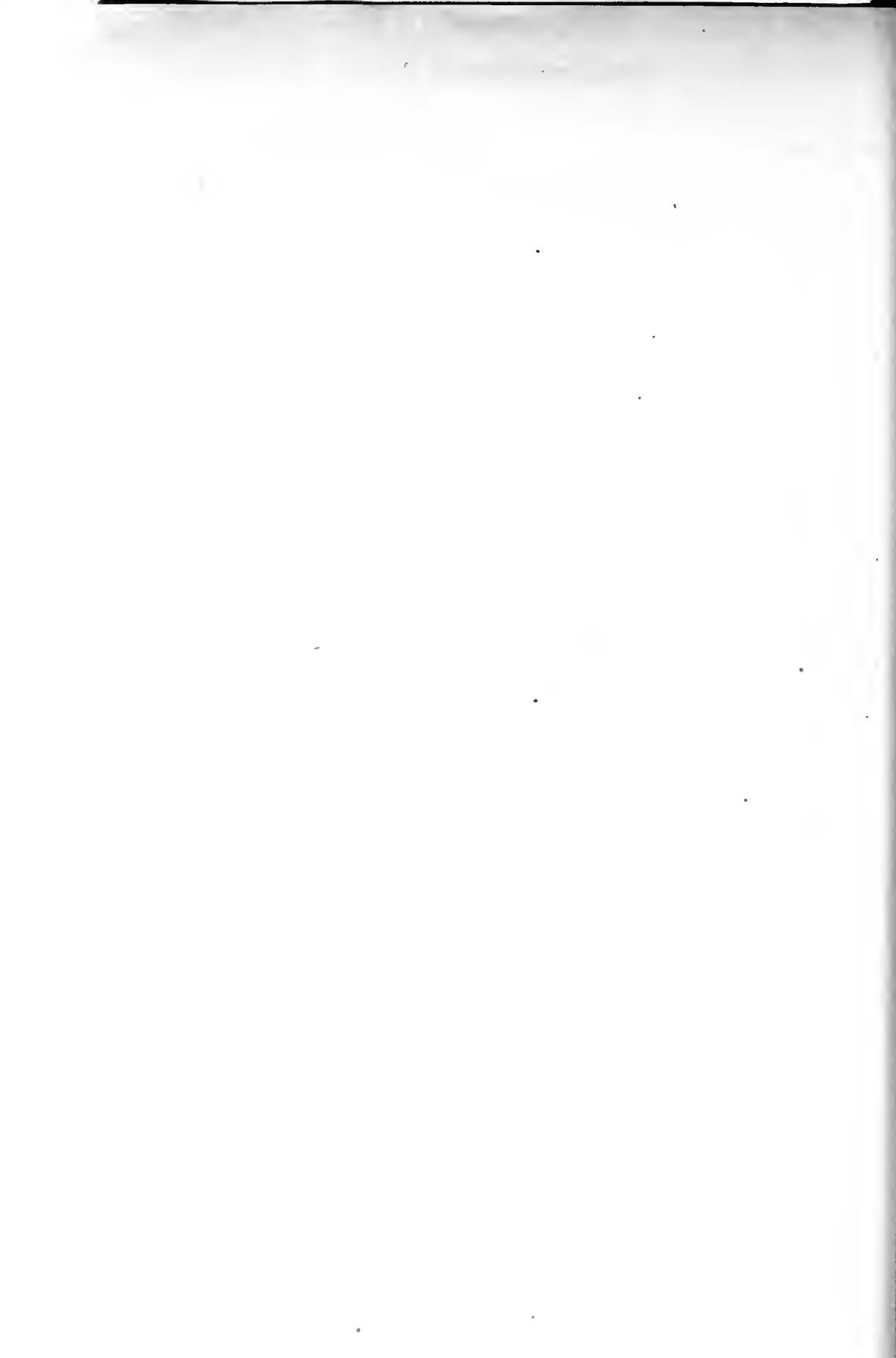
The splendid system of cooperation built up among the various local agencies concerned with the program during the war needs the continued impetus and technical knowledge of the Social Protection Division of the Federal Security Agency. The wiping out of venereal disease is a moral problem, as well as a health problem, and the gains made during the war should not be allowed to lapse.

For these reasons the league urges favorable consideration of H. R. 5234.

Yours sincerely,

Mrs. J. AUSTIN STONE,
Legislative Chairman.
ELISABETH CHRISTMAN,
Secretary-Treasurer.

X



NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

Child Health Day, 1946.—President Harry S. Truman proclaimed Wednesday, May 1st as *National Child Health Day*, calling upon each community to “organize a definite plan to achieve within the coming year at least one improvement in community health services which will contribute to the better health of children.” Steps suggested by Katharine F. Lenroot, Chief, U. S. Children’s Bureau, which aids the states in services to children, include:

1. Housing fit for children.
2. Prenatal care for all mothers and child health services for all infants and preschool children.
3. Health centers and hospitals for the whole community—well built, staffed and equipped.
4. Health programs for all school-age children and employed youth, with medical, dental and nursing service and health education.
5. School lunches available to all children, with all treated alike.
6. Child welfare services, well-staffed and with adequate facilities, for children needing special care at home.
7. Day-care programs for children whose mothers are employed and for all other children requiring care away from home during the day.

The American Social Hygiene Association participated in observance of *Child Health Day* by urging social hygiene organizations to cooperate in local programs, and by furnishing a radio script, a newspaper story and other program suggestions.

National Social Welfare Assembly Holds First Meeting and Elects Officers.—Two hundred persons celebrated the birth of the National Social Welfare Assembly at a luncheon on April 29, 1946 in New York. The constituted membership of the Assembly had just held its first business meeting and elected the following officers:

President—Charles P. Taft, Cincinnati; Vice-Presidents—Mrs. Paul T. Kammerer, New York; G. Howland Shaw, Washington; William J. Shroder, Cincinnati; Dr. James S. Simmons, Cambridge, Mass.; Secretary—Helen Loevy, Pittsburgh; Treasurer—G. Warfield Hobbs, III, Westport, Conn.

The following members of the Executive Committee were also elected, with Frank L. Weil of New York as Chairman:

Dr. Donald B. Armstrong, New York; William H. Bulkeley, Hartford; John B. Dawson, Philadelphia; Dr. Kendall Emerson, New York; Lester B. Granger, New York; Jane M. Hosy, Washington; Sidney Hollander, Baltimore; Mrs. Henry A. Ingraham, New York; Dr. Bryn J. Hovde, New York; Charles A.

Russell, Haddam, Conn.; Ralph H. Blanchard, New York; Abraham Bluestein, New York; Dr. Walter Clarke, New York; Rev. John J. Donovan, New York; Shelby M. Harrison, New York; Susan M. Lee, New York; Mrs. Inabel Burns Lindsay, Washington; Leo Perlis, New York; DeWitt C. Smith, Washington; Ralph A. Uhlein, Milwaukee; Jay A. Urice, New York; Martha F. Allen, New York; David W. Armstrong, New York; Mrs. Sallie E. Bright, New York; Mrs. Albert L. Gardner, Perth Amboy, N. J.; John M. Glenn, New York; Ruth Houlton, New York; Louis Kraft, New York; Bertha McCall, New York; Dr. Ellen C. Potter, Trenton, N. J.; Mrs. DeForest Van Slyke, Washington.

Under its constitution, the Assembly is to act in accord with the following principles:

1. Organized social welfare effort under private and public auspices is a requisite for the general welfare of the nation and its communities;
2. Collaboration and cooperation among organizations engaged in or interested in social welfare is essential for the most effective service;
3. The full autonomy of all organizations affiliated or associated with the Assembly is recognized;
4. Achievement of better health and welfare for all the people requires close coordination of local and national efforts;
5. The service of both voluntary and government agencies is required for the attainment of social welfare in a democracy;
6. Joint participation of volunteer and employed leaders is requisite to both national and local planning and action in social welfare.
7. Relationships to local communities should, as far as possible, be channeled through affiliate organizations and associate groups.

Membership includes organizations holding membership in the former National Social Work Council with some added groups and individuals. The American Social Hygiene Association is represented in the Assembly by Bailey B. Burritt, Chairman of the Executive Committee, and Dr. Clarke. Staff members attending the April 29 meeting were Bascom Johnson, Percy Shostac and Jean B. Pinney.

Association for Family Living Appoints Dr. Kirkendall Director.—The Association for Family Living, Chicago, has announced the appointment of Lester A. Kirkendall as its new Director. Dr. Kirkendall was until recently an Educational Consultant for the U. S. Public Health Service, assigned to the U. S. Office of Education where his interest was in promotion of sex education programs in schools. Late in 1945 he spent four months in Florence, Italy, teaching at the U. S. Army College a course in *Education for Marriage and Family Living*, which hundreds of American G. I.'s took. He has previously been a teacher and principal in public schools, and a professor of education at Teachers College of Connecticut and the University of Oklahoma. He is the author of numerous magazine articles and several books, notably *Sex Adjustments of Young Men* published by Harper in 1940.

National Conference on Family Relations Holds Annual Meeting.—The Annual Meeting of the National Conference on Family Relations was held April 6-8 in Philadelphia at the Bellevue Stratford Hotel,

in cooperation with the Marriage Council of Philadelphia and the Pennsylvania Conference on Family Relations, with 45 national, state and local sponsoring agencies. The Committee planning the Conference included J. Stewart Burgess, and Curtis Williams, co-chairmen; Emily Hartshorn Mudd and Richard P. Miller.

The program of the conference included:

Theme: *New Foundations for Marriage and Family*

Sunday, April 7

9:30 A.M.—Registration

10:00 A.M.—12:00 M.—*Meetings of National Committees*

Economic Basis of the Family—Benjamin R. Andrews, Chairman; *Outlook for Family Incomes and Prices*, Miss Mollie Orshansky, Economics Division, Bureau of Human Nutrition and Home Economics, U. S. Department of Agriculture; *Problems of Family Finance in Social Work and Family Counseling*—Panel.

Education for Marriage and Family Life in the School—Gladys Hoagland Groves, Chapel Hill, N. C., Chairman; Beatrice V. Marion, Richmond, Virginia, Vice-Chairman; Helen Goodspeed, Philadelphia, Vice-Chairman.

Education for Marriage in the Colleges—John F. Cuber, Columbus, Ohio, Chairman; J. Stewart Burgess, Philadelphia, Vice-Chairman.

Education for Marriage and Family Life in the Community—Muriel W. Brown, Chairman; Marion Faegre, Vice-Chairman; Harriet Houdlette, Vice-Chairman; Rose Cologne, Vice-Chairman.

Marriage and Family Counseling—Emily Hartshorn Mudd, Chairman; Kenneth Appel, M.D., Philadelphia, Vice-Chairman.

Marriage and Family Law—John S. Bradway, Durham, North Carolina, Chairman; Charles Zanser, New York, Vice-Chairman; Robert Abrams, Philadelphia, Vice-Chairman.

Marriage and Family Research—Ralph Ojemann, Iowa City, Chairman; Lemo Dennis Roekwood, Ithaca, N. Y., Vice-Chairman; John S. Bradway, Durham, N. C., Vice-Chairman; John F. Cuber, Columbus, Ohio, Vice-Chairman; James H. S. Bossard, Philadelphia, Vice-Chairman.

Report and discussion of findings of current census of research.

Youth Problems—Janet Fowler Nelson, Chairman; Frederick M. Thrasher, New York University, Vice-Chairman; John H. Furbay, TWA, Kansas City, Vice-Chairman; Robert Tabor, Philadelphia, Vice-Chairman.

Problems of Youth Today—Janet Fowler Nelson.

Family Adjustment of Youth—Bernice M. Moore, Hogg Foundation, Texas.

Probing Our Prejudices—Hortense Powdermaker, Queens College (New York).

Youth, Jobs and Industrial Relations—Eleanor Fowler, Women's Auxiliary of the C.I.O.

Gangs—Their Meaning and Significance Today—Frederic M. Thrasher, New York University.

12:30 P.M. *Pennsylvania State Conference Dinner*

Clifford R. Adams, President; Curtis A. Williams, Secretary-Treasurer.

3:00 P.M.—5:00 P.M.—*Second Session of National Committees.*

Economic Bases of the Family—Benjamin Andrews, Chairman.

Getting a Roof Over the Family—the Housing Emergency and the Long Time Problem—Mrs. Dorothy Rosenman, Chairman, National Committee on Housing, New York.

Discussion by: Mrs. Dorothy Schoell Montgomery, Philadelphia Housing Association; Robert R. Mitchell, Executive Director, City Planning Commission, Philadelphia.

Meeting the Family's Medical Costs—Franz Goldmann, M.D., Associate Clinical Professor of Public Health, Yale University.

Education for Marriage and Family Life in the Schools—Gladys Groves, Chairman.

Current Courses in High School and in the Grades—Beatrice V. Marion, Richmond, Virginia Public Schools.

Useful Publications and Materials—Roy E. Dickerson, Cincinnati, Ohio.

Marriage and Family Counseling—Emily Mudd, Chairman.

Marriage and Family Law—John Bradway, Chairman.

Religion and the Family—L. Foster Wood, Chairman; Edgar Schmiedeler, Vice-Chairman; Rabbi Stanley Brav, Vice-Chairman; J. Wesley Twelves, Vice-Chairman.

Preparation for Marriage Under Religious Auspices—Dr. Stanley Brav; Rev. N. B. Groton, Rector, Whitmarsh, Pennsylvania; Rev. Dr. Anthony L. Ostheimer, Philadelphia.

8:00 P.M.—*General Session* (Open to the Public)—Sidney E. Goldstein, President.

Monday, April 8

9:30 A.M.—11.45 A.M.—*Second Sessions of National Committees.*

Education for Marriage in the Colleges—John Cubber, Chairman.

Education for Marriage and Family Life in the Community—Muriel Brown, Chairman.

Religion and the Family—L. Foster Wood, Chairman.

Enrichment of Family Life Through Religious Observances—Rabbi Samuel Glasner, Philadelphia; Dr. Earl S. Rudisill, Secretary of Adult Education of the United Lutheran Church.

Youth Problems—Janet Nelson, Chairman.

Some Possible Solutions—Chairman and Discussant, John H. Furbay.

Supplementary Education with Special Reference to Ex-Service Youth—Elizabeth Woodworth, formerly Captain, The United States Marine Corps.

The Role of the Character Building Agencies—Louise P. Cochran, Associate Referral Supervisor, U.S.O. Division of the National Board, Y.W.C.A.

Community Teen-Age Centers—Frederic M. Thrasher, New York University.

12:00 M.—*Joint Session with the Marriage Council of Philadelphia*—Annual Meeting Luncheon.

2:30 P.M.—5:00 P.M.—*General Session.*

Official Reports of all National Committees.

Annual Business Meeting.

Election of Officers.

5:00 P.M. *Adjournment.*

Dr. John W. Ferree, Director, Division of Educational Services, and Mrs. Julie Kerby, Director, Division of Public Information, represented the American Social Hygiene Association at the sessions.

Army Service Commands Reorganized.—Announcement has been made of reorganization of the forces of the U. S. Army in the United States, to take effect early in June, to consolidate the present nine Service Commands into six Army Areas, with sub-headquarters in some cities which are now Service Command Headquarters. The Air Forces are to be organized in three Commands, with six Air Defense Areas corresponding to the six Army Areas. Each of these Army areas will have an officer assigned to duties as Venereal Disease Control Officer who will be responsible for the VD control program for all Army personnel within the geographical limits of his Area. The new areas are as follows:

First Army Area: Headquarters, Governor's Island, N. Y. (Includes 1st and 2nd Service Commands—Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont.) Subheadquarters at Boston, Mass.

Second Army Area: Headquarters, U. S. Post Office and Court House, Baltimore, Md. (Includes 3rd and 5th Service Commands—Delaware, Indiana, Kentucky, Maryland, Ohio, Pennsylvania, Virginia, West Virginia.) Subheadquarters at Columbus, Ohio.

Third Army Area: Headquarters, Post Office Building, Atlanta, Ga. (Includes 4th Service Command—Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee.)

Fourth Army Area: Headquarters, San Antonio, Texas. (Includes 8th Service Command—Arkansas, Louisiana, New Mexico, Oklahoma, Texas.)

Fifth Army Area: Headquarters, Chicago, Illinois. (Includes 6th and 7th Service Commands—Colorado, Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin, Wyoming.) Subheadquarters at Omaha, Nebraska.

Sixth Army Area: Headquarters, San Francisco, California. (Includes 9th Service Command—Arizona, California, Idaho, Montana, Nevada, Oregon, Utah, Washington.) Subheadquarters at Salt Lake City, Utah.

Military District of Washington: Headquarters, Washington, D. C.

Navy Intensifies VD Control Training of Sanitation Officers.—Prospects for continuing and improving the high level of the Navy's wartime VD control program gained recently with the inauguration of intensive courses in VD control for Hospital Corps officers who are expected to be assigned to both sanitation and VD control work. Commdr. George Mast, in charge, Venereal Diseases Section, Division of Preventive Medicine, Bureau of Medicine and Surgery, Navy Department, Washington, D. C., following release from active duty of Lt.-Commdr. I. M. Kruger, announces that one class of 15 Hospital Corps officers has already finished an intensive course given at the U. S. Public Health Service, Bethesda, Maryland in March and April. These officers have been assigned, one to each Naval District and the others to major stations, to do VD control work and sanitation. A second class of 15 Hospital Corps officers at the University of California, will have 75 hours of work in VD control, finishing in July. Future classes are planned to start at the University of California in September and in February 1947. Officers who finished the Bethesda course have been assigned as follows:

Navy Bureau of Medicine and Surgery: Washington, D. C.: Pharmacist N. D. Lenhart.

Third Naval District: Headquarters, 90 Church Street, New York 7, N. Y.: Pharmacist S. K. Blanchard.

Fourth Naval District: Headquarters, Building 4, Navy Yard, Philadelphia 12, Pa.: Chief Pharmacist M. A. Waters.

Fifth Naval District: Headquarters, Naval Operating Base, Norfolk 11, Virginia: Chief Pharmacist James Marcello and Pharmacist C. S. Parks.

Sixth Naval District: Headquarters, Naval Base, Charleston, S. C.: Pharmacist I. D. Richardson.

Seventh Naval District: Headquarters, Jacksonville, Florida: Pharmacist H. J. Haley.

Eighth Naval District: Headquarters, New Federal Building, New Orleans 12, Louisiana: (Not filled at present.)

Ninth Naval District: Headquarters, Naval Training Center, Great Lakes, Illinois: Chief Pharmacist E. C. Bowers.

Twelfth Naval District: Headquarters, Federal Office Building, Civic Center, San Francisco 2, California: Chief Pharmacist H. E. Ogborn.

Thirteenth Naval District: Headquarters, Pier 91, Seattle, Wash.: Pharmacist F. G. Shields.

Fourteenth Naval District: Headquarters, Pearl Harbor, T. H.: Ensign J. A. Kelly.

Potomac River Naval Command: Headquarters, Navy Yard, Washington 25, D. C.: Pharmacist E. G. Gregory.
Naval Training Center, San Diego, California: Ensign John W. Allen.
Marine Corps Base, San Diego, California: Chief Pharmacist W. F. Smith.

U. S. Public Health Service VD Division Sets Up Extension and Training Services.—Dr. J. R. Heller, Jr., Chief, Venereal Disease Division, U. S. Public Health Service, has announced the setting up of a new unit in the Division to be known as the Extension and Training Services, under the direction of Howard W. Ennes, who previous to the war served in the Division as Public Information Specialist. Mr. Ennes as a Navy Lieutenant, USNR, served from 1942 until February, 1946, as assistant to the chief of the Venereal Diseases Section, Division of Preventive Medicine, Bureau of Medicine and Surgery, in Washington, D. C., on health education materials and training programs for non-medical personnel in Navy VD control work.

Purpose of the new USPHS unit is to implement the recommendations of the July 18, 1945 report of the Surgeon General's Advisory Committee on Public Education for Prevention of Venereal Diseases (See JOURNAL OF SOCIAL HYGIENE, December, 1945), as endorsed by the Conference of State and Territorial Health Officers on April 11. It will function "primarily as a consultation and service unit for state and local health departments and other agencies in matters of case-finding, education, prevention and related matters." The following memorandum of general and special objectives is given:

I. The general objectives of Extension and Training Services may be described as follows:

1. Encouraging active understanding and practical activities on the part of allied professions, governmental, voluntary health and other groups and agencies in support of public health VD control programs and general preventive efforts.
2. Promoting within the public health VD control framework a progressively better application of principles and techniques through orientation and training of VD control personnel and by the development of improved techniques, particularly in the fields of education and applied epidemiology.

II. Specifically, Extension and Training Services:

1. Maintains, under the direction of the Chief of the Venereal Disease Division, liaison for the Division with other federal, state and local governmental agencies; with national, state and local voluntary health groups; with professional organizations and advisory groups; with civic, special interest, labor, management, educational, general membership and other groups; and with similar organizations concerned with VD control and prevention in other nations.
2. Renders advisory services and consultation to (including assignment of specialist personnel), and effectuates working relationships with, the above agencies and related groups in developing programs of education, applied epidemiology and prevention.
3. Functions as secretariat to special advisory groups of the Public Health Service concerned with venereal disease education, applied epidemiology and related matters.

4. Provides technical and specialist advisory services in matters concerning the application of sociological, educational, psychological and other aspects of education, applied epidemiology and prevention through liaison relationships with other Public Health Service Units, other federal, national, state and local groups, and through special consultants in these fields.
5. Prepares organized curricula and curricula materials and develops supervised field experience procedures and facilities for orientation and training of VD control personnel, with particular attention to non-medical personnel and techniques of applied epidemiology and VD education.
6. Organizes and administers orientation and training programs in venereal disease control for Public Health Service personnel, and, on request, for personnel of other federal agencies and state and local health departments and other authorized groups.
7. Provides advisory services and consultation to state and local health departments, federal agencies and other authorized organizations including educational institution, in the development of training programs and in-service, refresher and related orientation and training projects.
8. Assigns, on request, technical and specialist personnel and consultants for the purposes enumerated in items 5, 6, and 7.
9. Furnishes orientation services for foreign personnel, exchange students, personnel of federal and other agencies.
10. Explores and develops new procedures, techniques and materials relating to VD education, applied epidemiology and prevention through staff operations and through special projects and demonstration activities in cooperation with State and local health departments and other authorized agencies with the guidance and assistance of statistical and other expert personnel of Venereal Disease Division and Public Health Service units and of technical consultants; and makes resulting data available for appropriate publications and informational channels.

Orientation Course in VD Control Given by U. S. Public Health Service and Navy.—*An Orientation Course in VD Control* for some 30 odd non-medical personnel, both civilian and Navy, was completed in April under the auspices of U. S. Public Health Service and the Navy Bureau of Medicine and Surgery, at Bethesda, Maryland. Those taking the intensive, 4-week course comprised two sections: Navy Hospital Corps Officers previously trained in sanitation and scheduled for assignment to general VD control duties at Naval District Headquarters and at major Naval stations (see page —); and civilian personnel presently on state or local payrolls, experienced in case-finding procedures and scheduled for planning, supervisory, and training assignments in the case-finding field. Stated objectives of the course were:

To provide a well-rounded perspective of the VD problem and of control measures;

To provide an introduction to the basic principles and techniques of case-finding, including public information and contact investigation; statistics and records, and general administration;

To assist VD control personnel in planning, organizing, and directing general non-medical aspects of VD control with particular reference to VD case finding through applied epidemiology;

To prepare VD control personnel for planning and organizing basic orientation in VD control and training in applied epidemiology.

The course included units on *Problems and Movements; Public Health Approaches; The Cooperative Approach; Special Problems and National Programs; Social Factors in VD Control; and Summary and Future Trends*. Seminars were held in *Applied Epidemiology; Audio-Visual Aids; Educational Principles and Techniques; Records and Control Aids; Public Relations and Community Organization; and Orientation and Training*. Howard W. Ennes, Chief, Training and Extension Services, served as Director and Lt.-Comdr. I. M. Kruger (MC) as Navy Advisor, with the following staff: C. S. Buchanan, S. W. Evans, Lt. (j.g.) W. G. Gould, Ensign J. G. Stone, Surgeon W. D. Hazelhurst, D. V. Liberty, R. R. Swank and J. B. Todd. Visiting lecturers included:

Maj. Louis N. Altshuler (MC), U. S. Army; Comdr. E. E. Barksdale (MC), USNR; John A. Bowler, Jr.; Capt. H. J. Cokeley (MC) USN; Rt. Rev. John M. Cooper; Mayhew Derryberry, USPHS; Surgeon Thomas Diseker, USPHS; Bernard V. Dryer; Nurse Officer M. M. Eslick, USPHS; James Faustina; Medical Director Robert Felix, USPHS; John W. Ferree, M.D., American Social Hygiene Association; Senior Surgeon Eugene A. Gillis, USPHS; Walter E. Hager, Wilson Teachers College; Judson Hardy, USPHS; Robert Anderson; A. P. Iskrant, USPHS; S. A. Surgeon Reginald G. James, USPHS; Harold A. Kahn; Surgeon Max Kiesselbach, USPHS; Capt. Granville W. Larimore (MC), A.U.S.; Margaret Leonard; Medical Director John F. Mahoney, USPHS; Medical Director Joseph W. Mountin; L. E. Martin, USPHS; Surgeon I. V. Murphy, USPHS; John Morse; Harry S. Mustard, M.D.; S. A. Surgeon Sidney Olansky, USPHS; Evalyn Rahm; Mazie Rappaport, Baltimore Department of Public Welfare; Senior Surgeon C. J. Van Slyke, USPHS; Lida J. Usilton, USPHS.

Current Events and Dates Ahead

May 8-10 Little Rock, Arkansas	National Sheriffs Association Fifth Annual Conference.
June 17-21 Chicago	General Federation of Women's Clubs Convention.
July 1-5 San Francisco	American Medical Association Convention.
September 23-28 Atlantic City	Biennial Convention of nursing organizations—National Organization for Public Health Nursing, National League for Nursing Education, and American Nurses Association.
September 29-October 4 San Francisco	American Legion National Convention.
November 11-16 Cleveland	74th Annual Meeting of American Public Health Association. Other organizations customarily meeting with APHA to resume practice this year.

107

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CONTENTS

The American Social Hygiene Association
Some Notes on the Historical Background, Development
and Future Opportunities of the National Voluntary
Organization for Social Hygiene in the United States.... William F. Snow..... 241

Peacetime Relationships in Venereal Disease Control
A Working Agreement Between the Army, Navy, Coast
Guard, the Federal Security Agency and the American
Social Hygiene Association, 1946..... 251

National Events..... Reba Rayburn..... 257

News from the States and Communities..... Eleanor Shenehon and
Betty A. Murch..... 264

News from Other Countries..... Jean B. Pinney..... 271

Notes on Industrial Cooperation..... Percy Shostac..... 277

Publications Received 278

A Classified List of Social Hygiene Pamphlets..... 282

Books on Social Hygiene..... 285

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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THE AMERICAN SOCIAL HYGIENE ASSOCIATION

SOME NOTES ON THE HISTORICAL BACKGROUND, DEVELOPMENT AND
FUTURE OPPORTUNITIES OF THE NATIONAL VOLUNTARY ORGANIZA-
TION FOR SOCIAL HYGIENE IN THE UNITED STATES

WILLIAM F. SNOW, M.D.

Chairman of the Board of Directors

HISTORICAL NOTES

The American Social Hygiene Association, now in its thirty-fourth year of national and international service, grew out of a merger of national voluntary medical, educational and law-enforcement agencies which had been attempting separately to do something about the problems now generally grouped together under the heading "social hygiene".* The agencies which joined in 1914 to form the new national voluntary social hygiene association were:

The American Vigilance Association, which had been organized in 1906 through the effort of such pioneers as James Bronson Reynolds, Grace Dodge, Dr. O. E. Janney and Anna Garlin Spencer, for the purpose of attacking what was then known as "the white slave traffic".

The American Federation for Sex Hygiene, organized in 1910, and comprising social hygiene societies in twelve states.

The first of these state and community groups was the New York Society for Sanitary and Moral Prophylaxis, organized by Dr. Prince A. Morrow in 1905.

* So far as is known, this term was first used to describe activities in this whole field, in a newspaper article which appeared in Chicago.

The other societies, some of which are still active under their original charters, were:

Organized in

- 1906 Pennsylvania Society for Prevention of Social Diseases.
- 1907 Chicago Society of Social Hygiene (now the Illinois Social Hygiene League).
- 1907 Milwaukee Society of Sanitary and Moral Education.
- 1908 Spokane Society of Social and Moral Hygiene.
- 1908 Maryland Social Hygiene Society.
- 1908 Connecticut Social Hygiene Society.
- 1909 St. Louis Society of Sanitary and Moral Prophylaxis (now the Missouri Social Hygiene Association).
- 1910 California State Society for the Study and Prevention of Syphilis and Gonorrhea.
- 1910 Oregon Social Hygiene Society.
- 1910 Texas State Society of Social Hygiene.
- 1910 Colorado Society for Social Health.

At a meeting held in Buffalo in September, 1913, these two main groups voted to consolidate their efforts in a unified national campaign. Two years later the American Purity Alliance merged its interests and resources with those of the new national agency.

Incorporation of the American Social Hygiene Association as "a national voluntary non-profit membership organization" took place under the laws of the State of New York in March, 1914. The Constitution adopted at that time reflected the far-seeing vision of the men and women who framed it. Consisting of only two Articles, this document so broadly and competently stated the problems and opportunities ahead, that no change has ever been found necessary.

The Constitution reads:

Article I

The name of the Association shall be The American Social Hygiene Association.

Article II

The purposes of this Association shall be to acquire and diffuse knowledge of the established principles and practices and of any new methods which promote, or give assurance of promoting, social health; to advocate the highest standards of private and public morality; to suppress commercialized vice, to organize the defense of the community by every available means, educational, sanitary or legislative, against the diseases of vice; to conduct on request inquiries into the present condition of prostitution and the venereal diseases in American towns and cities; and to secure mutual acquaintance and sympathy and cooperation among the local societies for these or similar purposes.

The Officers and Board of Directors elected for the new Association furnished an equally wide range of background, interests and experience. They were:

President: Charles W. Eliot, Cambridge, Massachusetts

Vice-presidents

Active

David Starr Jordan,
Stanford University, California
William T. Foster,
Reed College, Portland, Oregon
Felix M. Warburg,
New York, N. Y.
Rt. Rev. Walter T. Sumner,
Chicago, Illinois

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Treasurer: Henry L. Higginson, Boston, Massachusetts

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Counsel, Law Department

William Freeman Snow, M.D.
General Secretary, Education Dept.

Baseom Johnson
Assistant Counsel

James H. Foster
Assistant Secretary

National headquarters were at 105 West Fortieth Street, New York, and two branch offices were maintained: Walter Clarke, Field Secretary, was in charge of the Central States Division office in Chicago, and Thomas D. Eliot, Field Secretary in charge of the Western States Division office in San Francisco.

HOW THE ASSOCIATION'S PROGRAM HAS DEVELOPED

The American Social Hygiene Association's program as it was mapped by the founders to implement the Constitution, as it has progressed through the years, and as it stands today, is an example of many roads taken towards a common destination. It has been marked by flexibility of method, by adaptation to circumstances, and by a consistent readiness to take hold wherever has appeared at any given time the greatest opportunity for service, the ultimate goal being illumined meanwhile by unchanging ideals.

1914-1920. Getting Started. World War I.

Thus, while the organization was in its infancy, with World War I beginning in Europe, the broad program which had started so promisingly in all fields of social hygiene work had to be adapted to our participation in the education and maintenance of our military forces at home and abroad. All of the officers and staff were assigned to active duty with the War or Navy Departments, or with the Commission on Training Camp Activities, during the entire War Period. Despite the urgent demands of this emergency job, progress continued on the long-range program, and before the First World War was over the Association's program had become widely recognized internationally as the "Four-fold American plan"—

Medical and Public Health Measures—

—to combat syphilis and gonorrhea as dangerous communicable diseases, and hazards to family and personal health and happiness.

Legal and Protective Measures—

—to repress prostitution as an organized business; to safeguard youth from conditions leading to sexual promiscuity and sex delinquency, and to aid victims of such conditions in restoring themselves to normal lives.

Educational Measures —

—to provide sound character-training in childhood and youth, as a major influence in the promotion of high moral standards of sex conduct; to furnish accurate and suitable sex instruction as a part of human relations education and of training for marriage and parenthood.

Public Information and Community Action—

—to enable the people to take full advantage of the protection and safeguards provided against venereal diseases, prostitution and promiscuity; and to build informed and favorable public opinion leading to community social hygiene action as needed.

Since young people between the ages of 15 and 30 are the chief victims of venereal diseases, since they are also the age-group most

exploited by prostitution, and since they are most benefited by constructive social hygiene efforts in home, school, church and community, it goes without saying that social hygiene from the beginning has been a program for and of youth.

The Chart (*Page 246*) shows how further program adaptations have occurred through the years, to meet other national emergencies or to permit joining in special projects which have promised—and achieved—greatly-to-be-desired results.

1921-1925. Post War Period.

Following World War I, in the critical period of transition to peacetime conditions, Association efforts had to be largely focused on helping the States and communities facing curtailment of necessary Federal and other official funds, to hold the gains made during the War period, especially in regard to efforts to prevent the return of flagrant commercialized prostitution and red-light districts. At the same time the Association began to promote application of established points of social hygiene education.

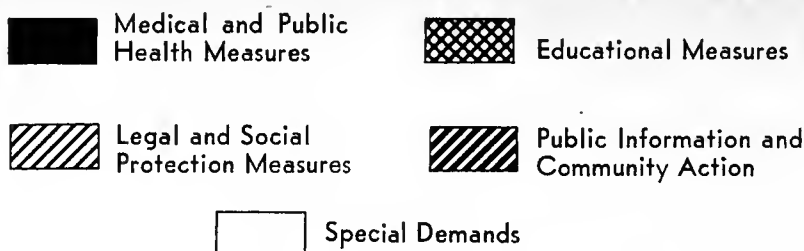
1926-1930. Growth and Development.

Then, from 1926 to 1930, followed a more promising period, when the organization had opportunity do something about its major objective of encouraging organization and expansion of community and state programs. During this time, also, the Association was called upon to plan the program for League of Nations studies of international traffic in women and children, and to make available the personnel needed to direct and carry on the world-wide investigations which influenced the carrying out of treaties regarding this problem, and the adoption of reinforced national policies for repression of commercialized prostitution throughout the world.

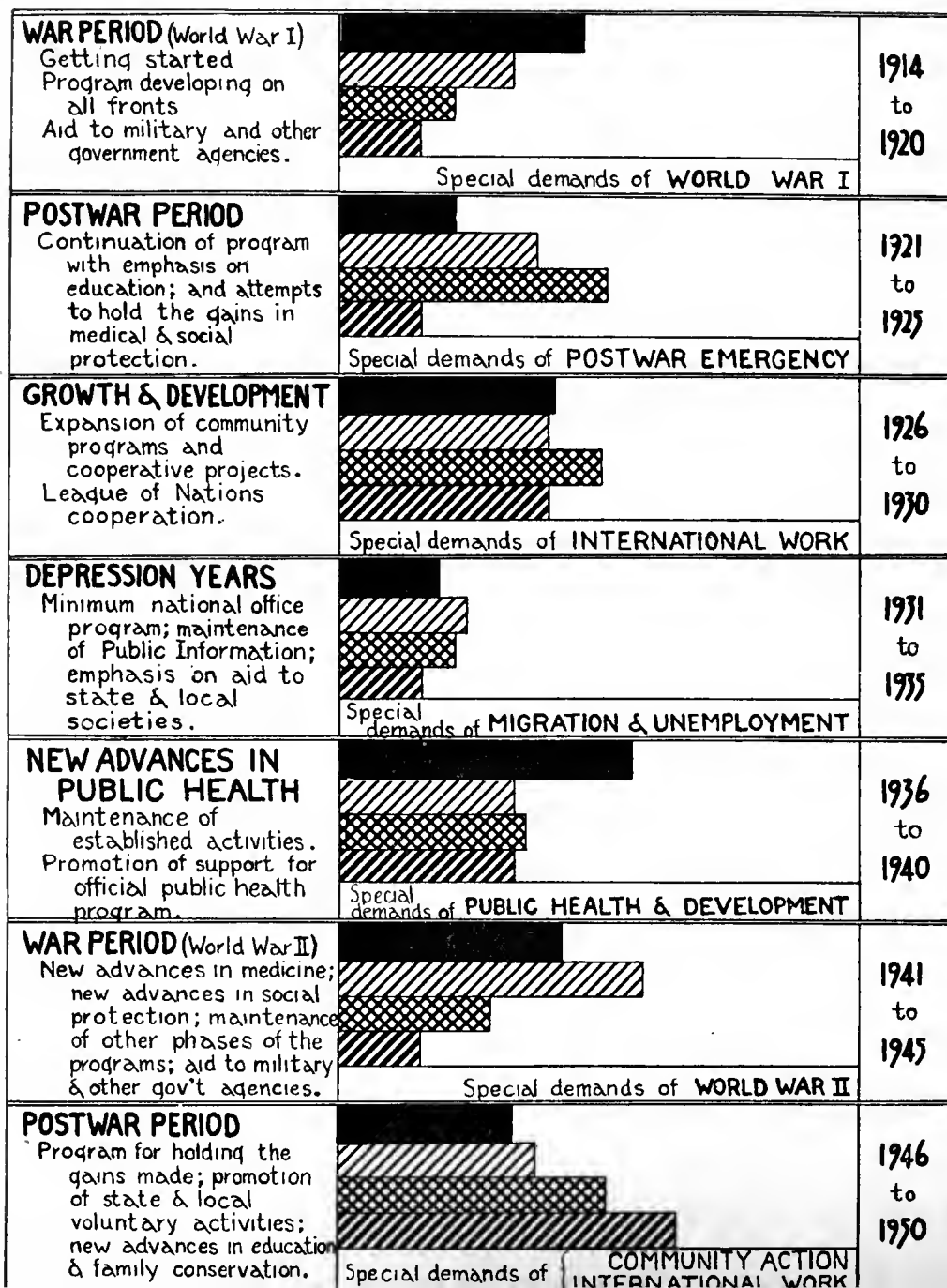
1931-1935. The Depression Years.

Then came the depression years. The Association was hit hard. National office activities had to be reduced to a minimum, only the public information services, as an overall coverage of all phases of social hygiene, being kept going at full capacity. Major efforts and expenditures of the national agency again had to be directed towards aiding the State and local voluntary agencies and affiliated groups to keep their work alive. During the early years of the depression, also, heavy demands were made upon the Association to aid in the problems arising from the great migratory movements of boys and girls, as well as of older people. Help of vital importance was given to the Government in setting up safeguards for the Civilian Conservation Corps, and in developing the health education and protection services of the National Youth Administration.

The original program, as established by the American Social Hygiene Association on these four fronts in 1914, has served nationally and internationally as the basis for social hygiene progress.



The length of the bars in the graph indicates the relative emphasis on the major divisions of work, and priority of claim for attention.



1936-1940. New Advances in Public Health and Public Information.

With the new advances in public health administration, the leadership of Surgeon General Thomas Parran, and the new growth in public understanding resulting from the breaking down of newspaper and radio taboos against public information on venereal diseases, the Association found itself again in the position of being able to furnish greatest service by emphasizing the medical phases of the movement. In February, 1937, following the National Conference on Venereal Disease Work called by General Parran in Washington in December, 1936, the Association sponsored the first of the extraordinarily successful nation-wide educational campaigns which have been held simultaneously in thousands of communities each year since as Social Hygiene Day observances.

At the same time, as the national voluntary organization in its field, the Association accepted the opportunity to promote the growth and support of official venereal disease control programs through sponsorship and aid to the U. S. Congress in studying suitable Federal legislation. Out of these studies came a long step forward—the LaFollette-Bulwinkle Bill, resulting in the passage of the Venereal Disease Control Act of 1938, and provision of grants to the States through the U. S. Public Health Service to assist in the nation-wide campaign to stamp out syphilis and gonorrhea.

1941-1945. World War II.

Hardly had these advances been recognized by the public when World War II involved the United States, and the Association was once more called to the aid of the Government in the national emergency. These demands in fact began in the previous five-year period, since the social hygiene groups were among the first to be asked to help, in 1938, and 1939, when the first limited emergency was declared by the President. The formal declarations of war in December, 1941, stepped up the pace. The work of the Association during the war period in aid to the military forces is a matter of record in many official and non-official publications and is fairly well known. What has been less publicized is the difficulty of providing during this period even a minimum of essential contacts and services to the citizen groups in the States and communities on which the whole program depended. But somehow this was done, in addition to the necessary services in behalf of the Army, Navy, Public Health Service, Social Protection Division and other administrative units of the Government.

During this period, also, the new advances in medicine, both in diagnosis and treatment of the venereal diseases, created an added burden in promoting public understanding and readjustment to the new knowledge and proposals for medical and public health requirements to deal effectively with these diseases. In this field of public health and social welfare, there is unusually great danger of widespread misunderstanding and abandonment of established procedures,

before new methods are fully tried out and correlated with all parts of the program.

Summing Up.

So far I have tried to indicate how the American Social Hygiene Association has consistently carried on its part in national voluntary health and welfare activities; and how it has always adapted itself to the special demands of the nation's needs, while preserving continuity of effort in all divisions of the program. The strategy of the Board of Directors has been that of the High Command of Military Forces, in utilizing all resources, but recognizing that to win battles, there must be concentration of forces and action at certain points, while forces in quiet sectors remain on guard and plan for future action. Thus, as has been said, the Association has had to concentrate its major resources on such urgent demands as:

. . . Protection of military forces during World War I.

. . . Prevention of collapse of Federal, State and local programs against venereal diseases and prostitution following the first World War.

. . . Aiding the League of Nations Health and Social sections and the international voluntary agencies in their world-wide efforts in this field.

. . . Again saving the social hygiene movement from collapse during the depression, and aiding the Government's efforts to safeguard youth through setting up the Civilian Conservation Corps and the National Youth Administration.

. . . Aiding the Federal, State and local health authorities to secure legislation and appropriations for the current nation-wide campaign against the venereal diseases which began in 1938.

. . . Assistance to the Government throughout World War II.

Like all veterans of two world wars and the years between, organizations such as the Association have the know-how which comes from experience. They have learned to work for common objectives. Their records contain tangible evidence of successful planning, research, demonstration, field work, and services which have benefitted all the States and communities of the country. They can be trusted to apply their knowledge to further promotion of sound and essential programs of action. They deserve the confidence and support of the American public.

FUTURE OPPORTUNITIES AND PLANS

1946-1950. The Postwar Period Again.

Now the Association has come to another postwar period. Again it faces the serious problem of holding gains made in the past five

years and during the preceding three decades. Again it faces the challenge to aid authorities and citizens to combat the insidious return of the vice racketeers who exploit youth through the commercialization of prostitution. Again it has the opportunity to resume as major activities the promotion of State and local programs fully correlated with or integrated in the broad programs of community health and welfare.

Particularly does the Association desire to resume the full scale of its earlier plans and activities for

(1) Developing sound and acceptable methods of social hygiene education.

(2) Promoting conservation of the family.

Physicians, educators and officers of the law, as well as parents and church leaders, recognize that the teaching and guidance of youth and the correction of behavior and character deficiencies in human relations are of paramount importance to the future growth of the social hygiene program in the nation and the world.

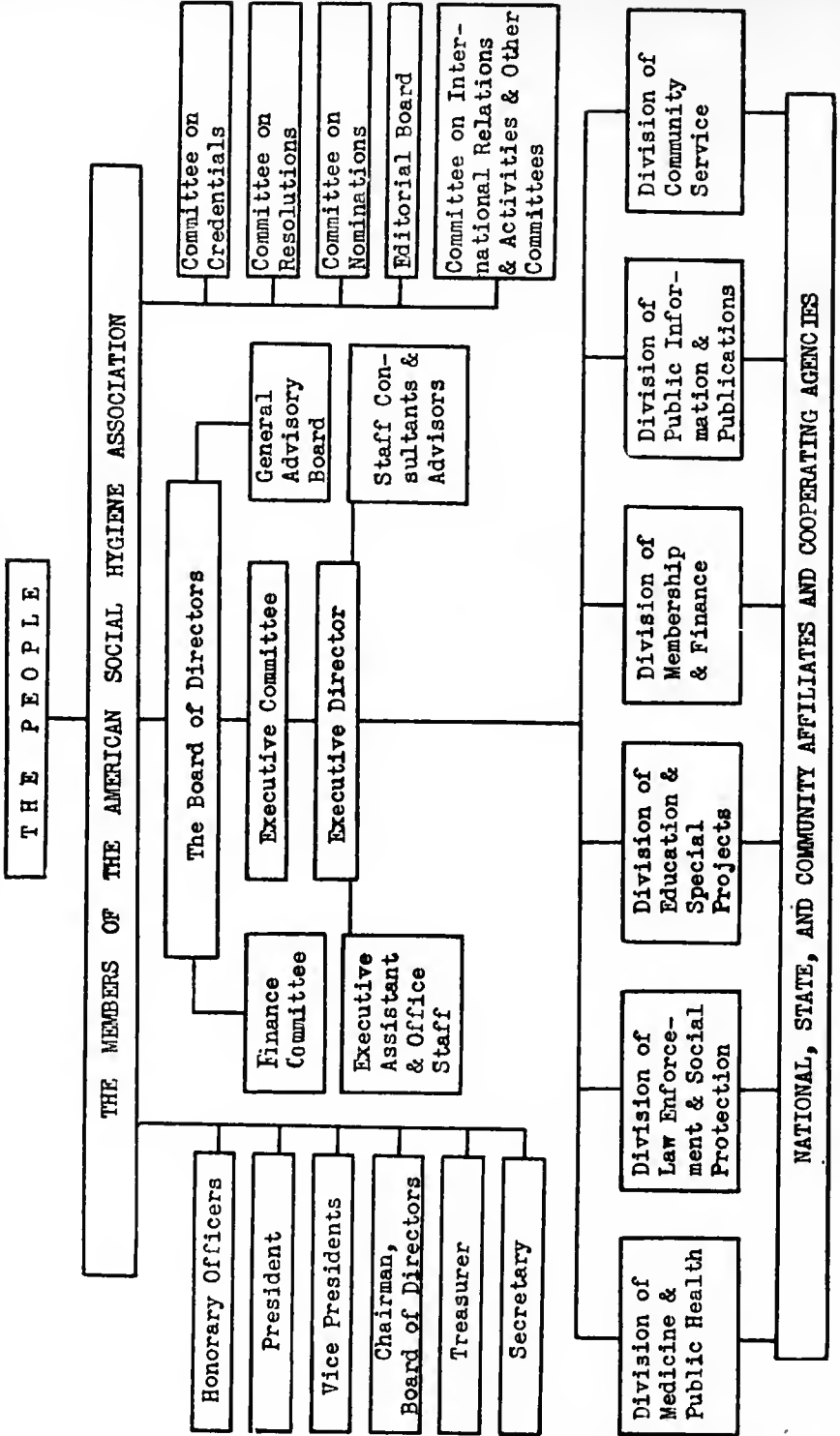
For the next five years, the efforts of the national organization are being planned to focus primarily on these broad objectives, as the most effective contribution toward meeting the crises and adjustments growing out of the transition from war to peace. The opportunity to be of service on a world-wide basis in this and other aspects of social hygiene work is also most challenging and appealing. Now that the channels of communication are again open, the Association's Committee on International Relations and Activities is actively cooperating with the various commissions and specialized agencies of the United Nations Social and Economic Council and the new World Health Organization, as well as with many old and new agencies and individual friends throughout the world.

Chancellor Ray Lyman Wilbur, in his 1946 presidential message to the Association's members, described the goal of social hygiene as "a people healthy, normal, well-balanced—fit to build successful families, homes, communities, as foundation stones of strength and progress." These simple phrases may be said to sum up the whole range of social hygiene aims, objectives, problems and achievements, as known and stated since the Association's first President, Charles W. Eliot, announced in 1913 the organization of this "new agency for public health and morality" and added, "if civilization . . . is to survive, it must be saved through the diffusion and adoption of sound policies in regard to social hygiene, carried enthusiastically and persistently into action."

It is our hope that the pioneers of 1946 will carry on from here with these ideals and objectives, and in the words of the Constitution continue "to secure mutual acquaintance and sympathy and cooperation among the local Societies for these and similar purposes."

HOW THE AMERICAN SOCIAL HYGIENE ASSOCIATION WORKS

PLAN OF ORGANIZATION AND ADMINISTRATION—1946



PEACETIME RELATIONSHIPS IN VENEREAL DISEASE CONTROL

A WORKING AGREEMENT BETWEEN THE ARMY, NAVY, COAST GUARD,
THE FEDERAL SECURITY AGENCY AND THE AMERICAN
SOCIAL HYGIENE ASSOCIATION

1 9 4 6

During World War II cooperative relations between the agencies responsible for control of the venereal diseases in areas where armed forces or national defense employees were concentrated were based on *The Eight Point Agreement of 1940*, supported and implemented by a working outline describing methods of cooperation.* A new *Eight Point Agreement* (April, 1946) for the program now necessary has been entered into by the Army, Navy, Coast Guard, the Federal Security Agency and the Association of State and Territorial Health Officers, and a statement of relationships has been approved by

ROBERT P. PATTERSON

Secretary of War

JAMES FORRESTAL

Secretary of the Navy

FRED M. VINSON

Secretary of the Treasury (for the Coast Guard)

WATSON B. MILLER

Federal Security Administrator

WILLIAM F. SNOW

Chairman of the Board of Directors, American Social Hygiene Association

EDITOR'S NOTE: It is recognized that the activities to be carried out jointly and severally by these agencies, both official and voluntary, must be adapted to changing conditions, limitations of personnel and of financial support, and legislative acts within the States and Nation. Reading this Agreement and outline of what each agency has undertaken to do to the extent of its resources for these purposes, will be encouraging and challenging to all organizations, groups and individuals who have worked for the gains already made. These gains must be held and steadily increased, in these first postwar years and the years to come.

* See *Relationships in Venereal Disease Control of the Army, Navy the Public Health Service, the Office of Defense Health and Welfare Services, and the American Social Hygiene Association*, as published in the JOURNAL OF SOCIAL HYGIENE, Vol. 29, No. 2, February, 1943, and reprinted as Pub. No. A-499x.

THE EIGHT POINT AGREEMENT OF 1946
AN AGREEMENT ON MEASURES FOR THE CONTROL
OF VENEREAL DISEASES
APRIL, 1946

It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the U. S. Public Health Service and the Social Protection Division of the Federal Security Agency, the U. S. Treasury Department, the U. S. Army, the U. S. Navy and interested voluntary organizations:

(1) Early diagnosis and adequate treatment by the Army, Navy and Coast Guard of military personnel infected with venereal diseases.

(2) Health departments will assure the adequacy of case finding, diagnostic treatment and case holding procedures for the civilian population.

(3) When authentic information can be obtained as to the probable source of venereal disease infection of military personnel, the facts will be reported by officers of the Army, Navy¹ or Coast Guard to State or local health authorities. If additional authentic information is available as to contacts had by infected military personnel during the communicable stage, this should also be reported.

(4) All contacts of military personnel with infected civilians should be reported to appropriate officers of the Army, Navy or Coast Guard by local or State Health officers.

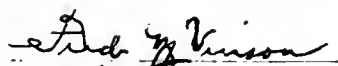
(5) Recalcitrant infected persons with venereal diseases should be forcibly isolated during the period of communicability. In civilian populations it is a duty of local health authorities to obtain any needed assistance of the local police authorities in enforcing such isolation.


(6) Opportunities for contacts with persons reasonably suspected of being infected with venereal disease should be decreased as far as possible. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State health departments, the U. S. Public Health Service, the Social Protection Division, the Army, Navy, and Coast Guard will cooperate with local police authorities in repressing prostitution. Local police departments should be provided with such information relative to places of procurement, and exposure, as is necessary to carrying out their responsibilities.


(7) An aggressive continuous program of education should be carried on both among military personnel and the civilian population regarding the dangers of venereal diseases, methods of preventing venereal infections, and the steps which should be taken if a person suspects that he is infected.


¹ Familial contacts with naval patients will not be reported.

(8) State and Territorial health officers, the Federal Security Agency, the Treasury Department, the Army and Navy all desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.


Secretary of the Treasury


Secretary of Navy


Secretary of War


Federal Security Administrator


Association of State and Territorial Health Officers

RESPONSIBILITIES OF THE COOPERATING AGENCIES

With the Army, Navy, Coast Guard, Public Health Service, Social Protection Division and the American Social Hygiene Association all presently active in measures for the control of venereal diseases; it is obvious that complete cooperation among these agencies is necessary for the successful promotion of venereal disease control activities. In order to avoid any duplication in effort, a further delineation of functions and responsibilities was agreed upon.

THE ARMY, NAVY AND COAST GUARD

The responsibilities of the Army, Navy and Coast Guard in connection with venereal disease control activities are two-fold: (1) Prevention and treatment of venereal disease with regard to Army, Navy and Coast Guard personnel, and (2) Cooperation with appropriate authorities and agencies through referral of information and assistance in general programs of venereal disease control. Specific functions and responsibilities are as follows:

A. *Prevention and Treatment.*

The Army, Navy and Coast Guard will:

1. Conduct an educational program for military personnel embodying facts regarding the venereal diseases, their communicability, and the importance of continence and prophylaxis in their prevention.
2. Provide adequate consultation services and appropriate prophylactic facilities to personnel of the armed forces.

3. Continue to declare "off limits" and "out of bounds" houses of prostitution and establishments which serve as common places of pick-up or exposure to personnel of the armed forces.
4. Provide early detection, diagnosis, adequate treatments (and supervised restriction until non infectious) of military personnel infected with venereal disease. Insure as far as is feasible that no individual with venereal disease in an infectious stage be separated from the service.
5. Take no action to encourage, tacitly approve or condone prostitution.

B. *Cooperation with Appropriate Authorities and Agencies.*

The Army, Navy and Coast Guard will:

1. Gather from military personnel contracting venereal diseases authentic information relative to: (a) the identities of sexual contacts and the circumstances of procurement, and (b) individuals exposed by military personnel during either the incubation or infectious period of venereal disease. This information will be reported to the State or local Health Authorities. * Reports regarding familial contacts of Naval patients will be made to appropriate health authorities only when investigations are unsuccessful within Naval facilities.
2. Report information relative to vice conditions to the local law enforcement authorities, to the Social Protection Division, and the American Social Hygiene Association, for appropriate action.
3. Lend all possible assistance to appropriate authorities and agencies concerned, with (a) repression of prostitution and related hazards, (b) development of constructive services, (c) improvement of community conditions; in areas which Army, Navy, and Coast Guard information indicates the need for such services.
4. Encourage representatives of Social Protection Division, Federal Security Agency and the American Social Hygiene Association to act as consultants to the various Joint Army and Navy Disciplinary Boards.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

The U. S. Public Health Service will:

1. (a) render assistance to, (b) cooperate with, and (c) encourage public authorities, scientific institutions and scientists in the conduct of research, investigation, experiments, demonstration and studies relating to the diagnosis, treatment, control and prevention of the venereal diseases.

* Modification since *Eight Point Agreement* was effected.

2. Will promote the development and consideration of control programs in the several States and territories through grants-in-aid, rapid treatment center project funds, field demonstrations, experiments and consultation, diagnostic and therapeutic research and evaluation in the Venereal Disease Division.

3. Will by and with the State and local Health Departments, plan develop, and operate Nation-wide programs of diagnosis, treatment and control in areas and with population groups of special national, military or industrial significance.

4. Will collect, analyze and evaluate nation-wide morbidity, mortality, clinical and other scientific data relating to the control of the venereal diseases in the civilian population, and disseminate such data to cooperative agencies and groups to the general public.

5. Will operate in a liaison capacity between the military services and State and Territorial Health Departments in matters of venereal disease control.

6. Will develop and apply such measures as may be necessary to prevent the interstate spread of venereal disease and to effectuate foreign quarantine control of the venereal diseases.

7. In the field the Venereal Disease Division will exchange scientific information and maintain cooperative relationships with the health departments of other Nations, and with national and international agencies and groups concerned with venereal disease control and related problems.

SOCIAL PROTECTION DIVISION

The Social Protection Division will:

1. Encourage State and local officials to develop and carry out measures designed to prevent prostitution, eliminate conditions contributing to sex delinquency, and provide services for the rehabilitation of sex delinquents.

2. Assist in building community support for these measures.

3. Through the executives of local government, develop methods of increasing the cooperation among public and private agencies actively concerned with the foregoing.

4. Provide technical and professional advisory services to police, sheriffs, courts, public and private welfare agencies, hotel associations, taverns and others concerned with the prevention of prostitution, the elimination of conditions contributing to sex delinquency and the rehabilitation of sex delinquents.

5. Give special attention and provide increased staff service in those areas which Army, Navy and Coast Guard reports indicate as especially hazardous to military personnel from the standpoint of venereal disease, prostitution and related matters.

6. Bring to the attention of appropriate military or naval authorities any continued failure of local law enforcement in areas which may affect the health of military personnel. (See procedures for invoking the May Act.)

7. Through National Advisory Committees, secure the aid and cooperation of leaders in the fields of law enforcement, health, welfare and education; and also professional, trade, labor and general membership organizations in developing and carrying out measures designed to prevent prostitution, eliminate conditions contributing to such delinquency, and provide services for the rehabilitation of sex delinquents.

8. Encourage legal measures for the protection of girls and women from sex exploitation.

9. Gather, evaluate, and appropriately use information that is pertinent to the objectives of the Social Protection Division.

AMERICAN SOCIAL HYGIENE ASSOCIATION

The American Social Hygiene Association will:

1. Furnish advice and materials on request to the Army, Navy and Coast Guard for the instruction of their commissioned and enlisted personnel with regard to the prevention of the venereal diseases, the repression of prostitution and the maintenance of high standards of sex conduct.

2. Gather and make available to the Army, Navy, U. S. Public Health Service, Social Protection Division and State and Territorial Health Authorities, confidential information relative to commercialized prostitution and related conditions in communities and such areas as may be indicated by the cooperating agencies concerned.

3. Gather and evaluate information relative to the laws for the prevention of venereal disease, and for the repression of prostitution and related conditions.

4. Through State and local social hygiene societies and influential citizens' groups, create and organize public sentiment against prostitution and related conditions and bring about a public demand and support for enforcement of existing laws and for the enactment of additional legislation should such be necessary.

5. Through societies and citizen groups mentioned above, create and organize public demand or support for financing and promoting the efficiency of official programs of venereal disease control, social protection, and public information on these subjects nationally and in States and localities in which present programs require strengthening.

6. Promote the cooperation of home, church and school activities concerned with the broad social hygiene program, which opposes sexual promiscuity and supports high standards of sex conduct as important means of protecting individual health and promoting wholesome family life.

NATIONAL EVENTS

REBA RAYBURN

Washington Liaison Office, American Social Hygiene Association

National Conference on Family Life is Proposed.—The American Social Hygiene Association has joined with other interested groups and agencies in asking President Truman to call a National Conference on Family Life at some appropriate time during the year 1947. It is suggested that this Conference might be organized and conducted along lines similar to the White House Conference on Children, the Nutritional Conference and other important events. The idea was initiated by the American Home Economics Association, and the preliminaries are being carried forward by the National Planning Association and the Woman's Foundation, of which Mrs. Evelyn Duvall is serving as Interim Secretary. Also actively concerned is the National Conference on Family Relations, of which Mrs. Duvall is the Executive Secretary, and which has temporarily loaned her services to the Woman's Foundation.

If the proposed conference can be adequately sponsored and carried forward, it should give tremendous impetus to the general interest in family life as a powerful force in the stability of the postwar period, and should bring about a new unity of method and purpose among those who are working in this important field of human relations.

State and Territorial Health Officers Consider Postwar VD Control.—The *Journal of Venereal Disease Information* (June, 1946) furnishes the following abstract of the report of the Committee on Venereal Disease Control to the State and Territorial Health Officers Association at its meeting in Washington in April.

RECOMMENDATIONS TO STIMULATE AND IMPROVE NATIONAL VENEREAL DISEASE CONTROL DURING THE POSTWAR PERIOD

I. Post-Treatment Follow-up:

Because of the development of rapid treatment for early syphilis and a more efficient cure for gonorrhea, the need for post-treatment follow-up involving field visits has been reduced materially. It is believed by the Committee that the elimination of post-treatment follow-up field visits would permit greater emphasis on casefinding as well as reduce the cost of venereal disease control. For the purpose of evaluation, follow-up involving field visits should be limited to patients treated in large research centers where adequate investigation procedures are maintained. The Committee recommended that health departments, excepting those designated to carry

on research, should abandon all post-treatment follow-up field visits as they relate to the following type of cases: A. Gonorrhea adequately treated with penicillin. B. Early syphilis following adequate rapid treatment. C. Late latent syphilis regardless of therapy. D. Late syphilis regardless of therapy. The Committee pointed out the need for and the value of stressing the education of the patient while at the treatment center and encouraging his voluntary return for periodic post-treatment examination because of possibility of clinical relapse or reinfection.

II. Development of Local Rapid Treatment Facilities:

Since the rapid treatment of syphilis benefits both the patient and the health officer by rendering a highly communicable disease non-infectious in a quick, safe, and efficient manner, it would seem quite logical to widen the availability of modern treatment. Since rapid treatment requires hospitalization, the Committee recommended that State and Territorial health departments encourage the development of rapid treatment facilities in local general hospitals in areas that cannot readily support independent rapid treatment centers. This has been done successfully in several States by utilizing local general hospitals which have been paid a per diem rate for treatment and bed care in lieu of the development of large, centralized rapid treatment centers. The U. S. Public Health Service has made available special funds by which such projects may be established.

III. Cooperation of Practicing Physicians:

In any health program, such cooperation is essential if that program is to succeed. This is particularly true in venereal disease control since fully 50 percent of venereal disease patients are under the care of private physicians. Replies to questionnaires sent to health departments showed that 12 out of 43 States and Territories reporting are able to investigate less than 30 percent of venereal disease cases reported by private physicians; 10 State health departments fail to clear policies in regard to clinics with local or State medical societies and more than two-thirds of the States do not clear with State societies on the matter of admission policies to rapid treatment centers. The Committee recommended the following to improve the cooperation between official health agencies and practicing physicians:

A. Venereal disease control policies and procedures should be cleared with appropriate advisory committees of State and local medical societies.

B. Every effort should be made to place in physicians' hands authoritative information as to treatment schedules, available services, regulations, and policies.

C. Much can be accomplished by promoting better public health education in medical schools by presenting the public health aspects of disease and a knowledge of the purpose and functions of health departments.

D. The payment of private physicians for time spent in referring patients to rapid treatment facilities is another method of securing better cooperation. In Illinois this method is working successfully with the approval of local medical societies and the Council of the State Medical Society. The Public Health Service has made funds available for this purpose.

E. The usual methods of securing cooperation through the free distribution of drugs, laboratory service, follow-up service for delinquents, lectures in medical societies, and personal contacts should be continued and used to the best advantage.

IV. Venereal Disease Education for the General Public:

It is important that professional groups, parents, church authorities, law enforcement officials, school administrators, labor unions and industry, as well as the general public, become aware of their responsibilities and the ways in which they can assist the venereal disease control program. The Report of the U. S. Public Health Service Advisory Committee on Public Education for the Prevention of Venereal Diseases, published in the *Journal of Venereal Disease Information* for December 1945,* provides a comprehensive review of this subject and points out the need for a long-range general educational program of sustained intensity. According to replies to the questionnaire sent out, very few States and Territories are carrying out such a program. A number of health departments are engaged in some form of venereal disease educational program, but the Committee believes that a coordination of effort is lacking. The greatest need is for the development of a long-range educational program, general in scope, including all groups, continuous in duration. It was, therefore, recommended that the U. S. Public Health Service continue its efforts along these lines by developing educational materials of high quality, by assisting in the establishment of training centers, and by serving in an advisory capacity to health departments. Also, it was recommended that States and Territories encourage the utilization of health educators and other qualified persons for the development of an educational program that will benefit the local community.

V. Simplified Reports Required by Venereal Disease Division, U. S. Public Health Service:

The Committee on Venereal Disease Control was in accord with suggestions for simplification of reports and recommended the adoption of the following changes:

A. That the *Monthly Morbidity Report* (8958-B) be changed to a quarterly report.

B. That the *City Monthly Morbidity Report* (VM-820) be changed to a quarterly report.

* See also *Next Steps in Public Education*, JOURNAL OF SOCIAL HYGIENE, December, 1945.

C. That the *Clinic Monthly Report* (8954-A) be revised as proposed by the U. S. Public Health Service in December 1945 and be changed to a quarterly report.

D. That the *Semi-Annual Report* of State Health Departments be revised as simplified by Form 8954-B, prepared by the U. S. Public Health Service, and be submitted quarterly as a supplement to the revised quarterly clinic report. The Committee approved the principles of plans and budget reports to be submitted to State health departments by local health units, with the recommendation that similar plans be developed for other grant-in-aid funds administered by the U. S. Public Health Service.

VI. The Use of Police Power:

There has come to the attention of this Committee an unfortunate isolated example of the injudicious use of police power resulting in legal proceedings which may undermine seriously the prestige of the local health department. It is known that similar, perhaps less serious, examples can be found elsewhere. While it is necessary at times to employ force in order to control those who willfully violate regulations and contribute to the spread of venereal disease, the general or frequent application of this means of controlling the individual will prove detrimental rather than helpful in the long run. Major emphasis should be given to persuasion. The Committee, therefore, recommended that health departments rely on education and persuasion as the major control procedures and that the use of police power be limited to those individuals who cannot be controlled by other means.

VII. Clinic Cost Analysis:

Data gathered for the clinic cost analysis conducted by the U. S. Public Health Service in cooperation with State and Territorial health departments revealed weaknesses in the control program. Because of its value the Committee recommended that a clinic cost analysis be conducted at regular intervals, if not on a national scale, at least at the State level, in order that various procedures of the control program may be more effectively evaluated.

VIII. Eight-Point Agreement:

The Committee recommended that the Association of State and Territorial Health Officers endorse the modified Eight-Point Agreement as a valuable peacetime procedure contributing toward better venereal disease control through a continued understanding among the agencies which are vitally concerned with it.

Industrial Hygiene Conference Held in Chicago.—The Industrial Hygiene Newsletter published monthly by the Industrial Hygiene Division of the U. S. Public Health Service, reports a large attendance at the five organization meeting held in Chicago April 7 to 13. The Newsletter says:

“In the interests of industrial health, 1,584 physicians, dentists, nurses, engineers, and chemists met in Chicago from April 7 to 13 to discuss their own experiences and listen to the opinions of others. The last industrial health

conference to precede this one was held in St. Louis in 1944 and attended by approximately 1,000 persons.

"The organizations which cooperated for the 1946 conference and plan to meet again in 1947 are the American Association of Industrial Physicians and Surgeons, the American Industrial Hygiene Association, the National Conference of Governmental Industrial Hygienists, the American Association of Industrial Nurses, and the American Association of Industrial Dentists.

American Industrial Hygiene Association.—Frank A. Patty of the General Motors Corp. of Detroit, Mich., heads this group for 1946. His co-officers are as follows: President-elect, T. F. Hatch; first past president, R. A. Kehoe; second past president, J. J. Bloomfield; secretary, A. D. Brandt; treasurer, C. E. Brown; directors, Wm. R. Bradley, W. C. L. Hemcon, W. N. Witheridge, E. C. Barnes, W. G. Hazard, W. M. Pierce, M. Bowditch, F. R. Ingram, J. B. Littlefield, and H. F. Smyth, Jr.

National Conference of Governmental Industrial Hygienists.—Kenneth M. Morse, of Illinois, was elected chairman of this organization. Dr. L. W. Spolyar was chosen vice chairman, and Mr. J. J. Bloomfield, secretary-treasurer. The executive committee is composed of the three officers named above and Dr. P. A. Brehm, Mr. H. G. Dyktor, Dr. L. M. Farner and Mr. F. J. Vintinner. •

Officers were elected by four of the five agencies, as follows:

American Association of Industrial Physicians and Surgeons.—Dr. Henry S. Brown, medical director, Michigan Bell Telephone Co., was named president-elect and Dr. Loyal A. Shoudy, medical director, Bethlehem Steel Co., Bethlehem, Pa., was inducted into the presidency. Other officers include Drs. Harold A. Vonachen, medical director, Caterpillar Tractor Co., Peoria, Ill., and Alfred H. Whittaker, medical director, Detroit Industries, Detroit, vice presidents; Dr. Frederick W. Slobe, Illinois Medical Society, Chicago, secretary, and Dr. Edward C. Holmblad, medical director, Railway Express Agency, Chicago, managing director.

American Association of Industrial Nurses.—President, Miss Catherine R. Dempsey, Simplex Wire & Cable Co., Cambridge, Mass.; first vice president, Mrs. Mary Delehanty, Equitable Life Assurance Society, New York, N. Y.; second vice president, Miss Elizabeth Sennewald, Dolphin Jute Mills, Paterson, N. J.; third vice president, Georgiana Bergen, Seamless Rubber Co., New Haven, Conn.; treasurer, Jewell Campbell, West Point Manufacturing Co., Fairfax, Ala.; corresponding secretary, Helen E. Conrsey, Kelsey Hayes Co., Detroit, Mich.; recording secretary, Mrs. Agatha Cook, Florsheim Shoe Co., Chicago, Ill.; financial secretary, Katherine Jones, Murray Corporation of America, Detroit, Mich.; board of directors, Polly Acton, Alma Anderson, Katherine Bunnell, Ethel Burgeson, Mrs. Isabel Comstock, Mrs. Helen Elrod, Mrs. Hazel Leedke, Mrs. Margaret Lucal, Marion Paige, Christine Sinkula, Clara Simminger, and Adelaide Stewart.

National Congress of Parents and Teachers Elects Officers.—At its meeting in Denver, Colorado, May 15-21, Mrs. L. W. Hughes of Arlington, Tennessee, was elected president of the National Congress of Parents and Teachers, for the three-year term 1946 to 1949 succeeding Mrs. William A. Hastings of Madison, Wisconsin, who is just completing the 1943-46 term. Mrs. Hughes has served as first vice-president of the organization during this time. Other officers elected for the ensuing triennial were Mrs. John E. Hayes, Twin Falls, Idaho, first vice-president; Mrs. Gertrude E. Flyte of Mitchell, South Dakota, Secretary, and G. L. Maxwell of Denver, treasurer. National chairman of standing committees are to be announced. National headquarters remain at 600 South Michigan Blvd., Chicago 5, Illinois, with Ruth A. Bottomly as Office Director.

Army Appoints Editorial Advisory Board on Medical History.—Surgeon General Norman T. Kirk has announced the appointment of an Editorial Advisory Board on the History of the Medical Department in World War II. As occasions demand, the Board will meet in Washington to review and discuss overall plans and policies for the preparation and publication of the history. The appointees include:

Colonel Albert G. Love, M.C., (Retired), Chairman, former director of the Historical Division, Office of The Surgeon-General; Major General Paul R. Hawley, U.S.A., (Retired), Chief Medical Director, United States Veterans' Administration; Brigadier General Raymond A. Kolser, U.S.A., (Retired), Dean The School of Veterinary Medicine, University of Pennsylvania; Brigadier General Raymond W. Bliss, U.S.A., The Deputy Surgeon General, United States Army; Brigadier General Malcolm C. Grow, U.S.A., The Air Surgeon, Army Air Forces; Brigadier General S. Bayne-Jones, U.S.A., Deputy Chief, Preventive Medicine Service, Office of The Surgeon General, Director, United States of America Typhus Commission; Colonel Paul I. Robinson, M.C.; Colonel Michael E. DeBakey, M.C., Assistant Professor of Surgery (on leave), The School of Medicine, Tulane University; Lewis H. Weed, M.D., Director, The Johns Hopkins University School of Medicine; Morris Fishbein, M.D., Editor, "The Journal of the American Medical Association"; J. Ben Robinson, D.D.S., Dean, Baltimore College of Dental Surgery, Dental School, University of Maryland; Richard H. Shryock, Ph.D., Professor of American History, University of Pennsylvania; Major John J. Lentz, Jr., M.A.C., Recorded (without vote), Historical Division, Office of The Surgeon General.

Colonel J. H. McNinch, M.C., Director, Historical Division, Office of The Surgeon General, called the first meeting of the Board on May 9, 1946. It is believed that the views and opinions of the Board will contribute importantly toward making the history equally valuable to civilian and military physicians and workers in allied sciences.

National Sheriff's Association Conference Stresses Prevention.—The nation's sheriffs, meeting for their Fifth Annual Conference in Little Rock, Arkansas, President Gus Caple's hometown, on May 10, took "prevention" for their theme, and reaffirmed their belief that a sound program of crime and delinquency prevention is the only solution in stemming lawlessness. Executive Secretary Charles J. Hahn, Jr., says in the *Sheriffs' News Letter*, of which he is Editor:

"If it had not been for the Smith & Wesson and Funk & Wagnalls displays in the conference rooms, a layman would have had no idea that he was attending a meeting of sheriffs. The Little Rock Conference was so unlike the usual law enforcement meeting, the layman would be under the impression that he was attending a combination of meetings of psychiatrists, doctors, educators, social workers and philosophers. It was the most unique in this writer's 20 years' attendance at law enforcement conferences.

"Not one word about fingerprints! Not one word about scientific crime detection! But thousands of words about how to prevent humans from adopting a behavior pattern which makes the above subjects necessary in the education of a law enforcement officer!

"Tetanus claimed more combat casualties in World War I than any other cause. Tetanus was unknown in World War II. Why? Treatment and occasional cure of the afflicted individual did nothing to prevent the bacillus from taking its toll. Medical science had to find the origin of the bacillus and to kill it before it killed its victim.

"The sheriffs became bacteriologists in Little Rock. They brought under their "microscope" all of the germs of delinquency as they, through experience, see this germ grow and multiply. They then turned from a study of incubation to a study of cure.

"No sheriff left Little Rock in the false belief that he could go back to his county and in one master stroke, or one wave of a magic wand, eliminate crime. He did go back, however, with a greater knowledge of other resources within his community which he may draw upon to assist him in his endeavor to intelligently handle society's misfits who invariably find their way to the county jail, and to take his rightful place in the community as the standard-bearer in a sane program designed to eliminate the necessity of building larger and more penitentiaries and reformatories for the next adult generation."

Officers for 1946-47 were elected as follows:

President: Sheriff Gus Caple, Pulaski County, Little Rock, Ark.; Vice-Presidents: Sheriff Allan G. Falby, El Paso County, El Paso, Texas; Civil Sheriff Louis Knop, Jr., Orleans Parish, New Orleans, La.; Sheriff Ralph Elser, Mahoning County, Youngstown, Ohio; Treasurer, Deputy Sheriff Robert E. Moore, Wayne County, Detroit, Mich.; Executive Secretary, Charles J. Hahn, Washington, D. C.; General Counsel, John M. Goldsmith, Radford, Va.; Board of Governors: the officers, and the following elected members: Sheriff J. Edward Slavin, New Haven County, New Haven, Conn.; Sheriff Grover C. Russell, Franklin County, Pasco, Wash.; Sheriff Ferris Lucas, St. Clair County, Port Huron, Mich.; Ex-Sheriff Charles L. Miller, Berrien County, St. Joseph, Mich.; Sheriff Clarence Woodruff, Faulkner County, Conway, Ark.; Sheriff Eugene Biscailuz, Los Angeles County, Los Angeles, Calif.; Sheriff Thomas Wiseman, Moore County, Lynchburg, Tenn.; Undersheriff William C. Ryan, Wayne County, Detroit, Mich.; Sheriff Gus G. Anderson, Weld County, Greeley, Colo.; Sheriff Martin Pratt, Multnomah County, Portland, Ore.; Chief Deputy Sheriff Blaine E. Bixler, Adams County, Gettysburgh, Pa.; Chief Deputy Sheriff Louie H. Strickland, E. Baton Rouge Parish, Baton Rouge, La.; Sheriff Raymond Downs, Logan County, Lincoln, Ill.; Sheriff William Souter, Erie County, Sandusky, Ohio; Appointed by the President: Sheriff William L. Roehler, Martin County, Fairmont, Minn.; (Six more to be appointed by the President.)

National Education Association Sets up A Veterans Education Council.—A Council of the Department of Adult Education, National Education Association, has been set up to devote itself exclusively to educational interests of veterans. Officers of the new Council are:

President, Robert H. Owens, supervisor of veterans education, Cleveland Board of Education; vice-president, Henry J. Ponitz, supervisor of extended education, Michigan State Department of Public Instruction; members at large, J. Orvis Keller, assistant to the president in charge of extension, Pennsylvania State College; R. K. Britton, director of vocational education, Denver City Schools; Lionel J. Bourgeois, assistant superintendent of schools, New Orleans. There are 21 regional vice-presidents.

Membership in the new Council is open to all teachers and counselors of veterans; administrators and supervisors of veterans education; adult-education leaders; educational and lay leaders in all field of education concerned with the veteran.

For further information address Leland P. Bradford, executive secretary of the Veterans Education Council, 1201 Sixteenth Street, N.W., Washington 6, D. C.

NEWS FROM THE STATES AND COMMUNITIES

ELEANOR SHENEHON

Director Community Service, American Social Hygiene Association

(In Miss Shenehon's absence on a several months' field trip these notes have been prepared by MRS. BETTY A. MURCH, of the Community Service staff.)

California: San Diego Social Hygiene Association Reports.—Again the San Diego Social Hygiene Association has issued an impressive report of a year's work as presented at the Regional Conference on Social Hygiene, February 19–20, an occasion sponsored by forty cooperating agencies and attended by 1,100 people. Twenty-seven individuals participated as speakers in the four sessions at which topics under the following subjects were presented and discussed: *Youth Has Priority, The Community Closes Ranks, Changing Aspects in Social Hygiene Education, Bridging the Gap Between Needs and Resources in San Diego.*”

The following officers were elected for 1946: President, Dr. John S. Carroll; Vice-Presidents, Mrs. G. M. Case, Mr. Gordon Wiggins; Secretary, Mrs. W. E. Adams; Treasurer, Mrs. G. D. Edwards. Board of Directors: Mrs. W. E. Adams, Dr. Kenneth Barnhart, Mr. Kenneth Beam, Lieut. William V. Bridges, USNR, Dr. John S. Carroll, Mr. Armistead B. Carter, Mrs. G. M. Case, Mr. Orton Darnall, Mrs. G. D. Edwards, Mrs. E. C. Phillips, Mr. Alvin Rowe; Chaplain E. W. Scott, Dr. G. G. Wetherill, Mr. Gordon Wiggins; Executive Secretary, Mrs. Vesta C. Muehleisen; Office Secretary, Mrs. Mae Haddock.

Colorado: State PTA Favors Social Hygiene instruction in Schools.—At its biennial convention held in Pueblo in April the Colorado Congress passed the following resolution:

WHEREAS: The National Congress of Parents and Teachers believes that a well planned program of social hygiene instruction should be instituted in the public school systems of the United States; therefore, be it

RESOLVED, That this Congress support the efforts of Federal, state and local educational authorities to institute such a program, and be it further

RESOLVED, That it is the conviction of this Congress that the need for providing adequate juvenile protection; preventing the spread of venereal infection; and providing more adequate personal, family, and community living demands that instruction concerning the psychological, social and health aspects of sex development and behavior be planned and carried into effect; that such instruction, adapted to

various needs and maturity levels, begin with the preschool child, continue throughout public school training, and carry over into the education of adults—particularly parents; and be it further

RESOLVED, That this Congress commend the interest and efforts of the United States Public Health Service, the United States Office of Education, the American Social Hygiene Association, and other Federal, state and local governmental and voluntary agencies working on this problem; and that this Congress pledge its support in any effort to promote a social hygiene education program so planned as to result in better family and community living.

Massachusetts Society Holds Annual Meeting and Conducts Radio Program.—The Massachusetts Society for Social Hygiene, at its annual meeting on May 9th, at the Sheraton Hotel, Boston, had as its guest speaker Dr. Clifford R. Adams, director of the Marriage Counseling Service of Pennsylvania State College, who discussed *Proven Facts in Marriage Counseling*. Dr. George Gilbert Smith, president of the Society reported on the year's activities and Mr. Lester W. Dearborn described progress in the counseling service of the Society.

The Western Branch of the Massachusetts Society, still in its infancy, having opened its offices in Springfield last September, is showing strength and vitality. To mention a few of its Social Hygiene Day activities—as a special project, the Junior Chamber of Commerce designed and distributed to industrial and business concerns in Springfield 600 attractive posters with the caption *It Is Not a Crime to Have Venereal Disease—It is a Crime to Spread it*. Counter cards and 5,000 pamphlets on venereal diseases were distributed to local druggists. A two-day seminar, *An Introduction to Social Hygiene*, was held at the YWCA, directed by Miss Frances R. Hecht, assistant executive secretary of the Massachusetts Society, and plans are under way to complete the experiment in the early fall to reach school personnel and others who were unable to take part in the February seminar.

A more recent event was a large forum for men on the subject *Advances in Gonorrhea and Syphilis Control and Treatment*, at which the film *Know for Sure* was shown. The Hampden County Tuberculosis and Public Health Association, Chamber of Commerce and Y.M.C.A. Physical Education Committee joined in sponsoring this meeting.

The Society is participating in a series of radio programs on *Sex Guidance for Today's Youth*, over local station WEEL. Part of a larger series, *Let's Talk About Children*, the program will be heard every Monday at 5:30 p.m. over local station WEEL and will consist of discussions between consultants from the Society and prominent women interested in the subject.

Among topics to be covered are *Questions Children Ask and Don't Ask*, *Those Teen-Age Years*, *Puppy Love*, *Dating Do's and Don't's*, *What is Love?*, *Looking Ahead to Marriage*, and *Avoiding Pitfalls*.

Consultant on some of the discussions will be Dr. W. Linwood Chase, member of the Massachusetts Society, Board of Directors, and professor of education at Boston University. Another will be Dr. Augustus S. Rose, also a director of the Society, senior psychiatrist at the Boston Psychopathic Hospital and instructor in neurology and psychiatry at Harvard Medical School.

Guests will include the Honorable Jennie Loitman Barron, woman judge on the Boston Municipal Court; Mrs. Hugh Cabot, Jr., lecturer at Bennington College; Mrs. Donald J. Hurley, active in the Children's Aid Society and the Camp Fire Girls, both Community Fund services; Mrs. David J. Tucker, writer and former teacher; Mrs. J. Verity Smith, member of the board of the Camp Fire Girls and director of its Camp Kiwanis; Mrs. Harold B. Murch, chairman of Audio-Visual Education of the Massachusetts Parent-Teacher Association; Vivian Chapman, Wellesley College student; Mrs. Parker Hayden, past vice president of the Boston Young Women's Christian Association; and Mrs. Evangeline Morris, R.N., associate professor at Simmons College School of Nursing.

Mississippi Blazes a New Trail.—The newly reactivated Mississippi Social Hygiene Association in its organization report dated April 10th, lists the following officers:

President, J. O. Snowden; Vice Presidents, Mrs. C. C. Clarke, Edmund Taylor, L. O. Crosby, Jr.; Secretary, Miss Catharine Bass; Treasurer, O. H. Swayze.

Board of Directors: W. C. Hester, Ray Baird, Miss Mary Frances Lacey, Mrs. Zelma Price, W. E. Stokes, Paul Jones, Rex I. Brown, Dr. H. M. Ivy, Mrs. I. A. Rosenbaum, Mrs. Ralph Hester, Mrs. Hubert S. Lipscomb, Miss Catherine McFarlane, Mrs. D. R. Jenkins, A. L. McCormick, D. R. Patterson, M. H. Brooks, Msgr. Joseph Brunini, Rabbi Stanley R. Brav, and J. W. Sells.

During the past two years the Mississippi State Departments of Health and Education have been developing a program on *Education for Responsible Parenthood*. Continuation and extension of this program will be a major objective of the new State association as indicated by the following from Article II in its constitution:

"To promote a program of character education for responsible parenthood, designed to enable the children and youth of the State to grow up to be emotionally mature individuals and to help them develop sound attitudes toward marriage and family life, and other social relationships."

Dr. Samuel T. Robbins, who has been appointed as a fulltime Executive Secretary of the Mississippi Association will be responsible for directing this program on responsible parenthood throughout the state.

The address of the new Association is Box 1700, Jackson.

Missouri: Kansas City Society Honors Retiring Executive Secretary and Announces New Appointment.—Mrs. Mary D. Ream, executive secretary and a welfare worker in the area for approximately thirty-five years, is receiving congratulations on the prospect of a well-earned rest after this service. Her retirement was announced at a reception honoring her on June 25, at the Kansas City Y.W.C.A., when her successor Mr. P. K. Houdek, was introduced. A purse containing \$350 given by board members of the society and friends was presented to Mrs. Ream by Mrs. Frank B. Leitz, with a sheaf of letters expressing appreciation of her long and faithful service.

The *Kansas City Times* of June 26th, in recording the event, said "Seventy-two years old, the tall, white-haired woman recalled her years of public work, which have ranged from duty as a Kansas City policewoman in the first group of such trainees about 1912, when she worked from the old Santa Fe station at Second and Wyandotte streets, through the years when Kansas City's welfare work was in the formative stages, to the present."

A native of Junction City, Kansas, Mrs. Ream studied at Bethany College, Lindsburg, Kansas, at the School of Civics and Philanthropy which later incorporated into the University of Chicago, Columbia university, and at the New York School of Social Work and the National College of Christian Workers.

After a vacation in Junction City, she will return to Kansas City, to serve the Society as a consultant.

Mr. Houdek, the new executive Secretary is well known among social hygiene workers throughout the country. A native of Iowa, graduate of Knox College with graduate work at University of Chicago, teaching and high school administrative experience of eighteen years, plus considerable community organization, he has specialized throughout his career in sex education, family relations and guidance of youth.

Best wishes to both the outgoing and incoming officers, in their important assignments.

New Hampshire Social Hygiene Association Holds Institute.—*Family Relations and Parental Responsibility*, was the theme of an institute held at the Horseshoe Tavern, Hopkinton, N. H. on June 27th, designed to bring together leaders from the various towns of the State to discuss methods of setting up local groups to study the improvement of family relations; to act as a clearing house for ideas on the content of such courses; and to provide inspiration for this cooperative venture. The NHSHA institute planned by Mrs. Glenn Wheeler, Executive Secretary, was attended by 40 persons. Speakers were Dr. Anna L. Philbrook, Director New Hampshire Mental Hygiene Clinics; Mrs. James Warren Sever, Executive Secretary, Rhode Island Social Hygiene Association; Dr. Edward W. Colby of the New Hampshire Department of Health; Mr. W. Willard Hall, State Secretary Y.M.C.A.; and Mrs. Julie Kerby of the American Social Hygiene Association.

Another such meeting is being arranged for September 21st to complete plans in process for courses in social hygiene education to be given beginning October 15th.

New Jersey Health and Sanitary Association Holds 71st Annual Meeting.—Two hundred and twelve persons registered at the meeting on March 29th held at the Hotel Roger Smith, New Brunswick, N. J. Speakers were Harry S. Mustard, M.D., Director, Columbia University School of Public Health and Philip S. Platt, Ph.D., Executive Director of the New York Association for the Blind. Five minute papers from 16 organizations have been preserved in a pamphlet *Where Do We Go From Here?* which may be obtained at 50¢ a copy, from John Hall, Executive Secretary, at Freehold, N. J. Mr. Hall, during the war an ASHA field representative, has recently resumed his position with the New Jersey agency.

Other officers of the NJH&SA are C. Byron Blaisdell, M.D., President; Edwin F. Stewart, M.D., 1st Vice President; J. M. Wisan, D.D.S., 2nd Vice President; Dennis L. Sullivan, 3rd Vice President; Edward Guion, M.D., Secretary; Budd H. Obert, Treasurer.

New York State Committee Adds to Social Hygiene Staff: Mrs. Jeannette L. Adams of Rochester, joined the staff of the New York State Tuberculosis and Health Committee on April 1st as Field Adviser in Social Hygiene. Miss Adams is a graduate of Mt. Holyoke College with a B.A. degree in economics and sociology. She was formerly with the Rochester Bureau of Municipal Research. New trainees are Miss Marie J. Hartman, Flushing, N. Y. and Miss Natalie J. King, Oswego, N. Y.

New York City Appoints New Director of Policewomen's Bureau.—Mrs. Irene A. Peters, a policewoman formerly assigned to the Bronx unit of the Juvenile Aid Bureau on April 22nd became director of the Policewomen's Bureau of the New York Police Department, it was announced by Commissioner Arthur W. Wallander. She has been acting director of the Policewomen's Bureau since the retirement of Mrs. Mary A. Sullivan on April 15. As director of the Policewoman's Bureau, Mrs. Peters will be in charge of 147 policewomen, which, she said, is far under the quota. The bureau is entitled to as many as 190 and is under strength because of vacancies through retirements and resignations that have not been filled. Mrs. Peters recalls that women first became uniformed members of the New York Police Department in 1895. They were then known as matrons and their duties were restricted to women in the station houses. Previous to this time women had been "civilian" auxiliaries for the force, though they are not listed in the Police Department record. On May 11, 1920, the title "matron" was changed to "policewoman" by an act of the Legislature.

North Carolina Holds Conference on Conservation of Marriage and the Family.—Dr. Gladys Hoagland Groves directed a conference held at North Carolina College for Negroes, Durham, North Caro-

lina, April 12-14, in which Dr. Robert Laton Dickinson, New York City; Lester W. Dearborn, Marriage Counselor, YMCA, Boston; Dr. B. R. Andrews, Teachers College, Columbia University; Dr. Leroy Russell Swift, Director School of Hygiene and Public Health, North Carolina College; Joseph Lichstein, Acting Director, Social Hygiene Division, Health League of Canada, Toronto, and other leaders participated.

The two-day program covered a wide range of topics dealing with the general subject of marriage and family life, and opportunity was given for conference by group leaders with the faculty and others who were present.

Ohio: Cincinnati Social Hygiene Society reports on study of VD in Youth groups.—At the Social Hygiene Day meeting held on February 5th around the theme *Juvenile Sex Delinquency*, Roy E. Dickerson, Executive Secretary of the Society, gave some interesting information on a recent study of syphilis and gonorrhea in the 15 to 19 year old group in Cincinnati. The article in part:

“Our study involved 792 cases of syphilis in the 15-19 year old group and 1,013 cases of gonorrhea. It did not take into account the reported cases at twelve, thirteen and fourteen. I have had one 14 year old boy with acquired syphilis in my office recently. I see many boys whose behavior at eleven or twelve could have meant venereal infection.”

“Briefly stated the results show a small over-all decrease in reported cases of syphilis but an increase of 103.8% in the cases of syphilis in 15-19 year old boys and girls reported in 1944, as compared with those reported in 1940.”

“The great majority of these are undoubtedly fresh infections since one finds at these ages very few cases of congenital infections or late syphilis. The study provides persuasive evidence that this increase is not due merely to better reporting. At ages 20-24 the increase is 29.4%. But from then on there are decreases mounting to 18.7% at the ages 35-39. It is not logical to assume that greater care is exercised in reporting cases at 15-19 than at 35-39.”

“Noteworthy also in this study is an increase of 470.7% in reported cases of gonorrhea among these teen-agers in the year 1944 as compared with 1941, data for 1940 and 1945 not being available.

“Intensely interesting and significant is the fact that in 1940 one out of every sixteen reported cases of syphilis in persons of both sexes and all ages was a 15-19 year old boy or girl. This ratio had risen in 1944 to one out of every 8.5.”

Mr. Dickerson added that Cincinnati's experience is confirmed by reports from other large centers. (See *Venereal Disease Control by New York City Health Department in Relation to Cooperation with the Armed Forces*, by Theodore Rosenthal and George Kerchner. Journal of Social Hygiene, January 1946. (Reprinted as ASHA publication No. A-610, 10c.)

Ohio: Cleveland Program Features Round Table Conference.—Mrs. Clara C. Polley of the Family Health Association, presided at a round-table meeting on Social Hygiene Day in February, to discuss life problems as presented by three high school girls and a boy. Their problems were answered by eight resource consultants from the fields of medicine, religion, education, social work, law enforcement and the home. At times discussion became very lively. All agreed that education is the solution and that young people deserved answers from any adults of whom they asked questions. Some of the points brought out:

“Although time doesn’t change life problems it does change approaches—now ‘it’ is ‘hubba hubba.’ . . . There are two things very important in trying to attract the opposite sex. The first is probably physical appearance—clothes, walk, hair. All can be overdone during the puppy-love stage—the boy with a flashy tie and yellow strings in his shoes, or the girl with an overdose of lipstick come in this class. The second, a pleasing personality. Relationships with the opposite sex must be kept on a sane basis. Pickups versus blind dates were thoroughly analyzed and proper meeting places such as the church or club were suggested. Costs of dates, places to go, parents’ approval and how to stay away from trouble with the law were discussed along with how to analyze one’s fears when not mature enough to feel at ease with the opposite sex. The attitude, get away closer, which some girls have, brought out a discussion of the physiological and social problems involved in petting and necking. Accepting a first intoxicating drink may lead to difficulty in refusing more drinks and cooling off the ardor of one’s companion.

The role of sex in health and happiness and the importance of self-discipline were recognized by both youth and adults. Promiscuity, illegitimacy, unhappy marriages, the venereal diseases may be a result of the fact that mental, emotional and physical maturity do not develop at the same rate.

The business of choosing a life partner brought suggestions that many resources are available—exhibit materials of books and pamphlets were displayed. The meeting closed with challenges from students of high school and college level, from a parent and from an educational administrator to find adequate ways to facilitate the bringing of proper materials to all those desiring them.

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

*Secretary, Committee on International Relations and Activities,
American Social Hygiene Association*

United Nations: Economic and Social Council Meets in New York.—The Bronx Campus of Hunter College was the scene and May 25th the opening date of the second full meeting of the United Nations Economic and Social Council, the first meeting having been held in London, January 23 to February 18, 1946. With Sir Ramaswami Mudaliar of India as presiding officer, and delegates from 18 nations, the Council met to complete its plan of organization, and to consider reports and recommendations from the preliminary commissions appointed at the February meeting.

Among these were the report of the Temporary Social Commission, charged by the Council "to assume on an interim basis, pending the establishment of permanent machinery, the work of the League of Nations on such social questions as traffic in women and children and child welfare," and the report of the Preparatory Commission for the International Health Conference, which met in Paris in March.

The Temporary Social Commission.—Emphasizing the interdependence of nations in social matters, recommendations of the Commission included:

1. That a permanent Social Commission be appointed, to advise the Council on development of general social policy, and to aid in coordinating activities in the social field, et cetera.
2. That the work of the League of Nations in regard to Traffic in Women and Children (and Child Welfare) should be assumed by and United Nations and that measures designed to prevent this traffic should be actively pursued.

Members of the Temporary Social Commission, as appointed by the Social and Economic Council, were:

Mr. A. J. Argyropoulos, Greece
Sir Sidney Harris, United Kingdom
Mr. Henry Hauck, France
Dr. Frantisek Kraus, Czechoslovakia
Mr. Gerardo Molina, Colombia
Mr. Manuel Seoane, Peru
Mr. Ramiro Guerra y Sanchez, Cuba
Mrs. Kristi Djordjevic, Yugoslavia

Mr. Hauck served as chairman, Sir Sidney Harris as vice-chairman, and Dr. Kraus as rapporteur. Miss Katharine Lenroot, Chief, U. S. Children's Bureau acted as Commission secretary, with Miss Alice C. Shaffer, Chief, Welfare Branch, State Department Division of Labor, Social and Health Affairs, as assistant secretary.

The International Health Conference.—In accordance with the recommendations of the Preparatory Commission appointed by the Economic and Social Council, 67 nations were invited to participate in this meeting to set up an international health organization. The Conference opened on June 19, at the Henry Hudson Hotel, New York, and was planned to continue for a month. Out of its deliberations are expected to come recommendations for a World Health Organization, as a specialized agency of the United Nations, and a charter and constitution to permit this important international work to go forward.

In an impressive opening program, following addresses by Trygve Lie, UN Secretary General; Henri Laugier, Assistant Secretary General for Social Affairs; Sir Ramaswami Mudaliar, Council president, and Ambassador John G. Winant, the Conference elected Surgeon General Thomas Parran, head of the United States delegation, as president, and immediately settled down to the work of appointing working committees to discuss the various aspects of organization.

Members of the United States delegation to the Health Conference, in addition to Surgeon General Parran, are:

Dr. Martha M. Eliot, associate director, U. S. Children's Bureau; Dr. Frank G. Boudreau, director, Milbank Memorial Fund; Dr. Edwin B. Fred, president, University of Wisconsin; Dr. James E. Paulin, past president, American Medical Association, and Mr. Durward V. Sandifer, chief, Division of International Organization Affairs, Department of State. Mr. Otis E. Mulliken, chief, State Department Division of International Labor, Social and Health Affairs, is the delegation's

secretary-general, and Dr. Louis B. Williams, Jr., chief, Health Branch of this Division, is chief technical adviser, and a group of persons prominent in health work are assisting as advisers, including Ward P. Allen, Howard B. Calderwood, Dr. James A. Doull, Dr. Robert P. Fischelis, Dr. H. Van Zile Hyde, Dr. George Lull, John Maktos, Marcia Maylott, Alvin Roseman, Dr. Michael Shimkin, Mary Switzer, Mrs. Elmore B. Wickenden and Professor Abel Wolman.

The **Commission on Human Rights** of which Mrs. Franklin D. Roosevelt serves as chairman was another of the groups holding preliminary sessions and reporting to the Economic and Social Council at its May-June meeting. This Commission's Subcommission on the Status of Women strongly supported recommendations for international activities regarding traffic in women and children.*

Officers and staff members of the American Social Hygiene Association have been privileged to attend sessions of the various United Nations meetings and conferences, and to consult in some instances with the conferees regarding desirable steps to be taken in international social hygiene activities. An invitation issued by the Association's Committee on International Relations and Activities brought a gratifying number of visitors to the Liaison Office for

* By vote of the Council, this group has been given full Commission status. Members are: Miss Minerva Bernardino, Dominican Republic; Miss Angela Jurdak, Lebanon; Miss Fryderyka Kalinowska, Poland; Mrs. Marie Helene Lefaucheux, France; Mrs. Hansa Mehta, India, and Mrs. W. S. New, China. Mrs. Roosevelt is a member *ex officio*.

International Social Hygiene Agencies and Activities, at Room 1401, 1790 Broadway, New York, and during the Health Conference there was opportunity to renew acquaintance with such old and valued friends as Dr. J. A. Cavallion of France and Dr. Rene Sand of Belgium.

The JOURNAL plans to publish further details of the various meetings as the published reports become available, following approval by the Economic and Social Council and the UN General Assembly.

International Committee of the Abolitionist Federation Meets.—

The Federation's International Committee, which has not been able to meet since 1939, came together in Geneva from May 9 to 11, 1946. The Committee voted to ask the Peace Conference, when it meets, to insert in Peace Treaties (1) a provision by which each ex-belligerent Power will be bound by the four prewar International Agreements against Traffic in Women and Children, and the inclusion of the provisions of the Draft Convention prepared by the League of Nations for suppressing the exploitation by prostitution of others, and (2) an *Article* prohibiting any other kind of regulation of prostitution, as a system fully contrary to the essential liberties included in the Charter of the United Nations. (It should be noted that the first two of these provisions have already been recommended by the Temporary Social Commission in its report to the Social and Economic Council. See above.—EDITOR.)

The Federation Committee hailed the action of the French Constituent Assembly in abolishing the "maisons toleree" and penalizing exploitation of others by prostitution.

It is proposed to call the next Congress of the Abolitionist Federation in Brussels, Belgium, in June, 1947.

First Central American Conference on Venereal Diseases.—The Conference, organized and sponsored by a Central American Committee with Regional Units in Guatemala, Costa Rica, Honduras, Nicaragua and Panama, and attended by 50 or more physicians and public health officials, was held in Panama City, April 22-25, 1946. Conference President was Dr. Jose Amador Guevara, Chief of the Bureau of Venereal Diseases, Costa Rican Department of Health.

Among the recommendations made by the Conference are:

1. That the Central American countries adopt uniform standards and procedures for diagnosis and treatment of syphilis and gonorrhea.
2. That a Second Conference be held in Guatemala in 1948.
3. That the Central American republics observe April 25 of each year as Central American Anti-Venereal Day.

Dr. Joseph Spoto, Pan American Sanitary Bureau representative for the Caribbean Area, participated in the Conference.

ASHA provided a number of papers on various aspects of social hygiene work, and also sent a selection of exhibit materials through the courtesy of the Bureau.

It is understood that the Conference *Proceedings* are to be published for distribution. Meanwhile a separate printing has occurred of Dr. Amador Guevara's address *A Summary Report of the Campaign against Venereal Diseases in Costa Rica*. This report is of special interest in that it includes a description of the part played by the Liga Social Antivenerea, which works with the Costa Rica Health Department in the campaign.

Health Education Conference to Be Held During Pan American Sanitary Conference.—Plans are going forward as announced for the Twelfth Pan American Sanitary Conference, scheduled to be held in Caracas, Venezuela, September 14 to 25, 1946, and a further announcement has been made to the effect that in the course of this meeting the Second Pan American Conference on Health Education will be held September 17 to 20. A program is being arranged to include discussion of the following topics and events:

The Place of Health Education in a Public Health Program; Clinics on Printed Materials (pamphlets, newspaper publicity); Clinics on Visual Aids (movies, posters and exhibits); Clinics on Methods (at health centers or with mobile units; in schools; with illiterates; with adult groups and organizations; in rural areas); Clinics on Evaluation (measurement of results; opinion polls; action surveys);

Coordinating the Health Education Programs for the Schools with Those for the Adult Populations; Contributions to Health Education from Other Agencies (agriculture, tuberculosis associations; Red Cross and others); Training of Personnel (health educators, teachers); Discussion of Need for a Continuing Inter-American Health Education Organization, its purposes, functions, etc.

President and secretary of the Conference are Drs. Enrique Tejera and Richardo Archila, respectively.

Official invitations have been received by the American Social Hygiene Association to send delegates to both the Sanitary Conference and the Health Education Conference, and the Committee on International Relations and Activities is endeavoring to arrange for suitable representation providing funds can be found for travel and other expense involved.

Council for Inter-American Cooperation Formed.—With the absorption by the U. S. State Department of the international work formerly conducted by the Office of Inter-American Affairs, the Council for Inter-American Cooperation has been formed as a private non-profit organization to continue service to the 20 Inter-American Centers in the United States. These Centers, which aim to coordinate all Pan American activities in their areas, include:

Inter-American Coordinating Council
228 Ohio Building
Akron 8, Ohio

Pan American Society of New England, Inc.
75 Newbury Street
Boston 16, Mass.

The Pan American Committee of Worcester, Mass.
32 Franklin Street
Worcester 8, Mass.

Pan American Council of Chicago
84 East Randolph Street
Chicago 1, Illinois

Cleveland Inter-American Council
400 Union Commerce Bldg.
Cleveland 14, Ohio

Detroit Inter-American Center
1203 Book Building
Detroit 26, Michigan

Connecticut Inter-American Center
% State of Connecticut Development Commission
State Office Building
Hartford, Connecticut

Inter-American Center of Florida
% Florida State Chamber of Commerce
Hildebrandt Building
Jacksonville 2, Florida

Midwest Inter-American Center
1030 Baltimore Avenue
Kansas City 6, Missouri

Southern California Council of Inter-American Affairs
Chamber of Commerce Bldg.
1151 South Broadway
Los Angeles 15, California

Louisville Area Inter-American Center
Lincoln Bank Building
421 West Market Street
Louisville 2, Kentucky

Memphis International Center
704 Goodwyn Institute Bldg.
Memphis 3, Tennessee

International House
Gravier & Camp Streets
New Orleans 12, Louisiana

Philadelphia Regional Inter-American Center
% Commercial Museum
Philadelphia 4, Pa.

Inter-American Council of Arizona
508 Title and Trust Building
Phoenix, Arizona

Pittsburgh Regional Inter-American Center
University of Pittsburgh
Pittsburgh 13, Pa.

World Affairs Council of Rhode Island
Room 32, Arcade Building
Providence, Rhode Island

North Carolina Inter-American Center
% North Carolina State Planning Board
513-19 Commercial Building
Raleigh, North Carolina

Inter-American Council of Utah
414 Utah Savings & Trust Bldg.
Salt Lake City 1, Utah

Inter-American Center of St. Louis
600 Commerce Building
418 Olive Street
St. Louis 2, Missouri

The Council maintains headquarters at present at 57 William Street, New York 5, and has recently compiled and published *Inter-American Services: A Selected Guide to Available Aids*. A weekly publication, *Noticias*, digests current hemisphere events of economic, educational and health interest. A film library is maintained, material is available for exhibits, and a speakers bureau has been set up.

Council officers are: W. Randolph Burgess, Chairman; Joseph C. Rovensky, president; Berent Friele, vice-president; Mrs. Edward M. M. Warburg, secretary; Raymond T. Rich, director, and Harry P. Hillen, assist-

ant treasurer. The Board of Trustees includes a number of persons active in inter-American affairs, notably Mr. Nelson A. Rockefeller and Wallace K. Harrison.

The Liaison Office for International Social Hygiene Agencies and Activities has suggested materials which might be useful in the Council program, and social hygiene workers in the vicinity of the Centers may find opportunities for helpful cooperation if they are not already in touch.

British Social Hygiene Council Holds Summer School.—*Social Biology and Human Progress* has been announced as the theme of a Summer School in Social Biology to be held at Wadham College, Oxford University, August 1-15, 1946 under the auspices of the British Social Hygiene Council. The School is designed for "teachers in all types of schools, along with others concerned with education, youth leaders, nurses, welfare workers, administrative workers, and members of the general public who are interested in the application of biological knowledge to human welfare." Director of the School is Professor Winifred Cullis, C.B.E., M.A., D.Sc., and other lecturers include Miss M. B. Gibbons, Miss C. M. Legge, Professor T. H. Pear, the Reverend J. Lyecester King, Dr. F. Grundy, Mr. W. L. Sumner, Mr. L. E. Morris, and Mr. R. Weatherall. A series of evening sessions will be addressed by distinguished scientists and social workers, and a special feature will be Sunday sessions set aside for the open discussion of relations of biological science to ethical and spiritual values. Afternoons are planned to provide a series of practical demonstrations and visits to scientific institutions, research departments and other place of interest in and around Oxford.

For further information concerning past endeavors through such courses, and future plans, please address the British Social Hygiene Council, Tavistock House North, Tavistock Square, London W.C. 1, England.

The Council held its Annual Meeting on June 7, in the course of a two-day Conference on *Problems of Communal Life; the Ethical and Scientific Approach*, at Livingstone Hall, Westminster, London.

Brazil: Hygiene Society Elects Officers.—The Brazilian Society for Hygiene reports the following officers elected to serve for the year 1946-47: President, Dr. Ernani Agricola; Vice-president, Dr. Raul d'Almeida Magalhaes; Secretary, Dr. Ademair Paelielo; Executive Secretary, Dr. Aristides Paz d'Almeida; Treasurer, Dr. Guilherme Silva.

Headquarters of the Society are at Rua S. Jose 58, Rio de Janeiro.

Cuba: Urological Society Elects Officers.—At a meeting in April the Sociedad Cubana de Urologia elected officers for 1946-47 as follows: President, Dr. Luis F. Ajamil; Vice-president, Dr. Ramiro de la Riva; Secretary, Dr. Francisco Barquin; Assistant Secretary, Dr. Rafael Monederos; Treasurer, Dr. Jorge Campuzano; Assistant Treasurer, Dr. Rafael Abelleira.

Soviet Union Collects Public Health Materials.—Through the offices of the American-Soviet Medical Society, located at 58 Park Avenue, New York 16, a collection of literature and graphic materials is being made for forwarding to the Soviet Union. Social hygiene agencies are invited to communicate with Mr. Allan Salant, Librarian, at the above address regarding available materials not included in the ASHA collection.

NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

Consultant on Industrial Cooperation, American Social Hygiene Association

NON-CONTROVERSIAL AREA

Enlightened management and organized labor, having for the most part resolved their recent controversies over take-home pay and their respective prerogatives, are both getting down to the job of producing commodities. Of course, a prolonged and uncontrolled orgy of soaring prices may well re-upset the applecart, but prospects of some regulation, supplemented by buyers' strikes and the good old law of supply and demand, indicate a coming period of comparatively stable production.

Stability, however, has a way of carrying over annoying hangovers. Major disputes are seldom tea and crumpet parties; when they are settled the disputants are all too often left with exposed nerves and assorted mutual allergies. Progressive leadership in both groups deplors such unprofitable tensions and are on the lookout for techniques which will accelerate understanding. They are beginning to recognize that democratically run employee-management health programs offer a non-controversial area where such understanding can be cultivated.

This is the basis of interest by several firms in the preliminary draft of the ASHA's *Procedure Outline for an Employee-Management Health and Safety Education Program for Business or Industrial Firms*. Incorporating further work in the field and constructive suggestions from management, labor and health education sources, the *Outline* will be revised and reissued in a large edition in the fall. The new edition will be tighter and simpler in its presentation but will retain the essential features of a comprehensive and permanent health education program planned and conducted by in-plant labor-management health and safety committees, which is to be inaugurated where possible with a combined VD-TB survey of all employees in the firms. The promotion of this program in firms throughout the country will be a major ASHA undertaking in the industrial field during the coming year.

VISUAL APPEAL

Comics, cartoons, pictorials, tabloids—we may despise or deplore them but don't let's make the mistake of ignoring them. One of the most successful editors in the labor movement confidentially admitted that he simply couldn't understand how anybody would "peruse" (not "read") a comic. Yet he is astute enough to issue a heavy percentage of his union pamphlets in the comic or cartoon mode

because he finds they attain a circulation five to ten times as great as the printed matter which must be read.

Our experience with the tabloid leaflet, *You and Your Health*, supports the validity of the labor editors' claim; new editions are now being planned and will be further promoted next year—especially as supplements to national trade union publications.

In addition a series of six or eight informational cartoons on social hygiene are being prepared for presentation to the trade union press and employee-house publications as a free mat service. Inquiries among the editors of these papers prompt the prediction that they will gain even wider acceptance than Doctor Clarke's *Unite Against VD* series of articles which attained a total circulation in union publications of over 3,000,000.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS AND REPORTS

Annual and Special Reports

- HEALTH-GUIDE UNITS FOR OREGON TEACHERS (Grades 7-12), by Howard S. Hoyman. Prepared for Oregon State Department of Education, Salem, Oregon. 1946. 429 pages.
- HEALTH INSTRUCTION, Tentative Manual—State of Oregon, Elementary Schools. Issued by Rex Putnam, Superintendent of Public Instruction, State Department of Education, Salem, Oregon. 1945. 105 pages.
- UNFINISHED BUSINESS IN AMERICAN EDUCATION. An inventory of public school expenditures in the United States. John K. Norton and Eugene S. Lawler. National Education Association and the American Council of Education. 64 pages.
- 25TH ANNUAL REPORT, WASHINGTON COUNCIL OF SOCIAL AGENCIES. Community Service, April, 1946.
- VETERANS ON THE MOVE. A report on transient veterans. National Committee on Service to Veterans of the National Social Welfare Assembly, 1790 Broadway, New York 19, N. Y. 16 pages. 10 cents.
- THE ECONOMIC AND SOCIAL COUNCIL. On Instrument of International Cooperation, Leroy D. Stinebower. Published by the Commission to Study the Organization of Peace, research affiliate of American Association for the United Nations, 45 East 65th St., New York 21. 40 pages. 10 cents.
- REPORT OF THE UNITED STATES EDUCATION MISSION TO JAPAN. Submitted to the Supreme Commander for the Allied Powers, Tokyo, 30 March, 1946, by the Commission's Chairman, George D. Stoddard. U. S. State Department, Washington. 48 pages. Mimeographed.

Pamphlets for Professional Workers

- ALCOHOLISM IS A SICKNESS. Public Affairs Pamphlet No. 188. By Herbert Yahraes. 32 pages. 10 cents. Order from Public Affairs Committee, 30 Rockefeller Plaza, New York.
- MENTAL HYGIENE AND FAMILY LIFE, Charles S. Gulston. Reprinted from *The School*, June, 1946. Copies available from Social Hygiene Division, Health of Canada, Toronto, Ontario. 10 cents.

PROCEDURE OUTLINE FOR AN EMPLOYEE-MANAGEMENT HEALTH AND SAFETY EDUCATION PROGRAM FOR BUSINESS OR INDUSTRIAL FIRMS. Mimeographed outline prepared by the American Social Hygiene Association's Consultant on Industrial Cooperation. 20 pages. Mimeographed.

Pamphlets and Leaflets for the General Public

RECONVERSION FOR HEALTH. Health Message No. 15. Civilian Medical Division, Office of the Secretary of War. Bessie Boggess, Health Education Director. 12 pages.

TAKE CARE OF YOURSELF. V. D. Information for Teen-agers. Ontario Department of Health, Toronto 2. 12 pages.

VENEREAL DISEASE—HOW CAN THE MEDICAL SOCIAL WORKER HELP? Prepared by the Sub-Committee on Venereal Disease of the Medical Social Practice Committee of the New England District, American Association of Medical Social Workers. Published by the Massachusetts Society for Social Hygiene, 1146 Little Bldg., Boston 16, Mass. A leaflet for the general public.

IN THE PERIODICALS

Of General Interest

CHRISTIAN FAMILY WEEK. (Mimeographed bulletin prepared for use of the clergy by the Department of Social Welfare, Washington Federation of Churches.) *About Family Life in Washington*, Francis W. McPeck.

JOURNAL OF NEGRO EDUCATION. Winter Number, 1946. *Current Trends and Events of National Importance in Negro Education*, Leon A. Ransom and nine other authors.

LIFE AND HEALTH (Washington, D. C.), February, 1946. *Protecting the Family against Syphilis*, Walter Clarke.

—April, 1946. *Commercialized Vice—Breeder of Venereal Disease*, Walter Clarke.

—May, 1946. *The Need of a National Social Hygiene Program*, Howard W. Ennes, Jr.

MACLEAN'S, April 15, 1946, Toronto, Canada. *Should Nice Girls Neck?*, Clifford R. Adams.

WOMAN'S HOME COMPANION, April, 1946. *Savannah Shows the Way*. A community project to discover tuberculosis and venereal disease. Rita Halle Kleeman.

Sex Education, Marriage and Family Relations

BETTER TIMES, February 1, 1946. "*And So They Were Married*," Gertrude R. Davis.

HARVARD ALUMNI BULLETIN, April 13, 1946. *The Western Family Crisis*, Carle Clark Zimmerman.

NATION'S SCHOOLS, Chicago, April, 1946. *Courses in Family Living Are Needed for Restoring Personal, Family and Social Balance*, A. B. Lorenz.

PARENTS' MAGAZINE, New York, May, 1946. *A Sound Approach to Sex Education*, A. B. Auerbach.

THIS WEEK, February 2, 1946. *War-Torn Marriages*, Priscilla Jaquith.

Health Education

CANADA'S HEALTH, Toronto, Winter 1945-46. *Everybody against VD!*

COLLEGE HEALTH REVIEW, February, 1946. *Venereal Disease Education and the Schools*, James G. Faustina.

Youth in the World Today

NATIONAL PARENT-TEACHER, April, 1946. *What Influences the Thinking of Youth?*, William Dow Boutwell.

THE AMERICAN JOURNAL OF NURSING, March, 1946. *Understanding the Adolescent*, Dr. Lillian Cottrell.

Industrial Problems

CITIZEN CIO, New York City, February, 1946. *Labor Backs Another War* CIO cooperates with social hygiene association in mobilizing community forces to combat VD, Percy Shostac.

Legislation, Law Enforcement and Social Protection

- HAWAII PUBLIC WELFARE BULLETIN, June, 1946. Department of Public Welfare, Territory of Hawaii. *History of Public Welfare in Hawaii*, Christina Lam.
- SOCIAL PROTECTION WHAT'S WHAT, Issued Occasionally for the Use of Community Leaders by the Social Protection Division, Federal Security Agency, February, 1946. *Labor Leaders Urge Unions to Support Social Protection Programs; West Coast Businessmen Back Repression; Negro Publishers Back Education Program.*
- S. C. A. A. NEWS, March, 1946, State Charities Aid Association, New York. *Social Welfare Law Revised.*
- THE IMPROVEMENT ERA (Salt Lake City, Utah), March, 1946. *The War We Haven't Won*, Robert Rees Dansie.

Public Health and Medical

- AMERICAN JOURNAL OF PUBLIC HEALTH, May, 1946. *Wartime Changes in the Age Distribution of Females Infected with Syphilis; Their Effects on Epidemiologic Procedures and Program Planning*, J. R. Heller, Jr.
- BULLETIN OF THE U. S. ARMY MEDICAL DEPARTMENT, Washington, D. C., June, 1946. *Revised Treatment Schedules for Syphilis.*
- Early Syphilis of the Submaxillary Glands*, Lt. Col. H. B. Jenkins, M.C., AUS.
- CONNECTICUT HEALTH BULLETIN, May, 1946. *Serological Tests for Syphilis in Connecticut, 1945*, Earle K. Borman and Friend Lee Mickle.
- FLORIDA HEALTH NOTES, February, 1946. *Venereal Disease Control in Florida*, Dr. R. F. Sondag.
- HEALTH BULLETIN, North Carolina State Board of Health, March, 1946. *Venereal Disease Control in North Carolina*, Dr. W. D. Hazelhurst.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, February 9, 1946. *Penicillin in Spinal Fluid After Intravenous Administration*, Dr. George X. Schwemlein and others.
- March 16, 1946. *Penicillin Treatment of the Syphilitic Pregnant Women*, Drs. Norman R. Ingraham, Jr., John H. Stokes, Herman Beerman, John W. Lentz and Virgene S. Wammock.
- Penicillin in Prevention of Prenatal Syphilis*, Drs. Mary Stewart Goodwin and Joseph Earle Moore.
- Penicillin in the Treatment of Neurosyphilis*, Drs. Paul A. O'leary, Louis A. Brunsting and Orville Ockuly.
- Penicillin Treatment of the Syphilitic Infant*, Drs. Norman R. Ingraham, Jr., John H. Stokes, Herman Beerman, John W. Lentz, Paul Gyorgy and Elizabeth K. Rose.
- Treatment of Early Syphilis with Penicillin*, Drs. Arthur G. Schoch, Lee J. Alexander.
- May 25, 1946. *The Treatment of Early Syphilis with Penicillin*. Committee on Medical Research, Office of Scientific Research and Development, and the U. S. Public Health Service.
- JOURNAL OF VENEREAL DISEASE INFORMATION, February, 1946. *Untreated Syphilis in the Male Negro*, Dr. J. R. Heller and Dr. P. T. Bruyere.
- A Plan for Revitalizing National Venereal Disease Control*, Dr. J. R. Heller, Lida J. Usilton, Arch B. Clark.
- The Effect of Treated Acquired Syphilis on Life Expectancy*, Dr. Dudley C. Smith and Martha C. Bruyere.
- Mortality Trends for Syphilis*, Lida J. Usilton.
- March, 1946. *Cooperation of Health Officers and Police Departments*, Eugene A. Gillis.
- Oral and Parenteral Use of Aluminum Penicillin Mixtures in the Treatment of Gonorrhea*, S. W. Bohls, E. B. M. Cook and R. T. Potter.

- Preliminary Report Evaluating the Worth of Obtaining Names of Suspects Contacts During a Regular Contact Interview*, W. D. Hazlehurst, C. P. Stevick and Harold A. Kahn.
- April, 1946. *Blood Testing and Treatment Program in Jefferson County, Alabama*, W. H. Y. Smith and George A. Denison.
- The Revised Reports and Forms of the Venereal Disease Division*, J. R. Heller, Jr., and Lida J. Usilton.
- Studies on Chaneroid. III. Duercy Skin Reactions in Negro Hospital Patients*, Albert Heyman and Paul B. Besson.
- May, 1946. *The Use of Smears in the Laboratory Diagnosis of Gonorrhea*, Florence L. Evans.
- Studies in Syphilis. VI. Fibrosis and Round Cell Infiltration of the Parenchymatous Organs (Warthin) in Relation to Serodiagnostic Findings*, Paul D. Rosahn.
- False Positive Serologic Reactions for Syphilis in Lymphogranuloma Venereum*, Albert Heyman and E. L. Wess.
- The Systemic Treatment of Arsenic Poisoning with BAL (2, 3-Dimercaptopropanol)*, Harry Eagle.
- MEDICAL ANNALS, February, 1946. *The Treatment of Gonorrhea by a Single Injection of a Penicillin-Oil-Beeswax Mixture*, Dr. Ben D. Chinn, Dr. Sidney Olansky and Dr. Iva G. Murphy.
- PUBLIC HEALTH NURSING, February, 1946. *Nurse and Family in Venereal Disease Control*, Hazel Shortal.


Postwar Problems and Plans

- FEDERAL PROBATION, January-March, 1946. *The 75th Congress of Correction Blueprints Postwar Program*, J. M. Master.
- GENERAL FEDERATION CLUBWOMAN, March, 1946. *Postwar Planning and Program Number. Youth Can Be Helped*, Nettie Allen Thomas.

International

- CHANGING WORLD, June, 1946. *The Pursuit of Happiness in the Economic and Social World*, John G. Winant.
- GENERAL FEDERATION CLUBWOMAN, March, 1946. *Good Neighbors Make Good Citizens*. An interview with Mary Cannon, U. S. Member of the Inter-American Commission of Women.
- L'INFORMATION AU SERVICE DU TRAVAIL SOCIAL. A monthly review published by the public welfare societies of Geneva, Neuchatel and Vaud, at Rue de Bourg, 8, Lausanne, Switzerland. June, 1946. *Principes Essentiels de la Protection de la Famille*, Walter Rickenbach.
- NOTICIARIO DEL INSTITUTO INTERNACIONAL AMERICANO DE PROTECCION A LA INFANCIA, April, 1946. A report of the March 14-16 meeting of the Executive Council.

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- A-639 Human Relations Education, Gage G. Wetherill. (In preparation.)

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 A-585 Report of the Section on Education and Community Action, National
 Conference on Postwar VD Control, W. F. Snow and H. H. Hazen
 A-588 Postwar Social Hygiene Problems and Strategy, Walter Clarke
 A-607 Youth Building in Jackson, Miss., William G. Hollister
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 A-647 The War Against Prostitution Must Go On
 A-654 Next Steps in Public Education. A report of the U. S. Public Health
 Service advisory committee.

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- Industry vs. VD. (Manual for industrial management.)
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- A-36 The Drama of Syphilis, C.-E. A. Winslow
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- *A-101x Social Hygiene Nursing Techniques, Nadine Geitz. 25¢
- A-129 The Prevention of Congenital Syphilis, Margaret L. Davis
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- A-339 How Many People Have Syphilis?, M. DiMario, M. S. Edwards, W. Clarke
- *A-366 Syphilis and Gonorrhea Teaching in Schools of Nursing, J. A. Goldberg and I. Johnson
- A-394 Syphilis Control Program and the Medical Social Worker, M. E. Hearsey
- *A-474 The Diagnosis and Treatment of Ocular Syphilis.
- A-536 Chancres Studied from the Public Health Point of View, Walter Clarke
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- A-396 Milestones in the March Against Commercialized Prostitution
- A-479 Planning for "The Kind of Help They Need." Rehabilitation measures.
- A-492 When Brothels Close, V.D. Rates Go Down, Bascom Johnson, Jr.
- *A-522 Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Disease. Third edition, George Gould. Revised through 1946 (in preparation). 25¢
- A-564 Rehabilitation in Action, Lucia Murchison
- A-566 Forms and Principles of State Social Hygiene Laws, George Gould
- A-567 Twenty Years Progress in Social Hygiene Legislation, George Gould
- A-570 The Challenge to Law Enforcement, L. R. Pennington
- A-573 The Prostitution Racket. \$1.25 per 100; \$6.50 per 1,000
- A-581 The Policewoman's Role in Social Protection, Eleanore L. Hutzell
- A-606 Welfare and Community Action, Florine J. Ellis
- A-608 Social Protection Among Negroes, Nelson C. Jackson
- A-609 The Policewoman—Yesterday, Today and Tomorrow, Imra P. Buwalda
- A-617 Wartime Lessons in United Action for Community Welfare, Mary E. Switzer
- A-619 Seven Years Experience with Premarital and Prenatal Examinations for Syphilis in New Jersey, John Hall and Glen S. Usher
- A-625 State Laws to Guard Family Life
- A-626 Does Prostitution Breed Crime? (Free in quantity lots)
- A-630 Police and Health Dept. Functions in Repression of Prostitution and Control of Venereal Diseases W. F. Snow
- A-656 Towards a New Way of Life, Mazie F. Rappaport

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BOOKS ON SOCIAL HYGIENE

This list of books has been prepared at the request of readers desiring guidance as to suitable texts for special groups. The inclusion of a title in one classification does not mean that it is not eligible for others. Most of the books recommended are of general interest and scope.

Many excellent publications dealing with some aspect of social hygiene or of a distinctly technical character are not included in this general list. Prices quoted are set by the publishers who reserve the right to change them without notice.

For General Readers

- Colcord, Joanna. *Your Community*. Russell Sage Foundation, 1939. 3d edition to be released Fall 1946.
- Gilbert, Margaret S. *Biography of the Unborn*. Williams & Wilkins, 1939. 132 p. \$1.75.
- Scheinfeld, Amram. *Women and Men*. Harcourt, Brace. New York. 1944. 453 p. \$3.50.
- Vonderlehr, R. A. and J. R. Heller, Jr. *The Control of Venereal Diseases*. Reynal & Hitchcock. To be released August, 1946. \$2.75.
- Wilmer, Harry A. *Corky the Killer*. The story of the spirochete in prose and pictures. American Social Hygiene Association. 1946. 72 p. \$1.00.

For Parents

- Cady, V. M. and Bertha C. *The Way Life Begins*. American Social Hygiene Association, 1939, revised. 74 p. Paper bound, 50c.
- Thom, Douglas. *Normal Youth and Its Everyday Problems*. Appleton-Century, 1932. 368 p. \$2.25 (Student's Edition.)
- *Everyday Problems of the Everyday Child*. Appleton-Century, 1927. 349 p. \$2.50.
- Strain, Frances B. *New Patterns in Sex Teaching*. Appleton-Century, 1934. \$2.50.
- *Sex Guidance in Family Life Education*. Macmillan, 1942. 348 p. \$2.25.
- Swift, Edith Hale. *Step by Step in Sex Education*. Macmillan, 1938. 207 p. \$2.00.

For Children

- De Schweinitz, Karl. *Growing Up*. Macmillan, 1928. 111 p. \$1.75.
- Levine, M. I. and Jean H. Seligman. *The Wonder of Life*. Simon and Schuster, 1940. 114 p. \$1.75.
- Strain, Frances B. *Being Born*. Appleton-Century, 1936. 144 p. \$2.50.

For Young Men and Young Women

- Alsop, F. G. and M. F. MacBride. *She's Off to Marriage*. Vanguard, 1942. 268 p. \$2.50.
- Corner, G. W. *Attaining Manhood*. Harper, New York, 1939. 95 p. \$1.25.
- *Attaining Womanhood*. Harper, 1939. 95 p. \$1.25.
- Crisp, Katherine B. *Growing into Maturity*. Lippincott, 1939. 38 p. 40c.
- Dickerson, R. E. *Growing into Manhood*. Association Press, 1933. 100 p. \$1.00.
- *So Youth May Know*. Association Press, 1930. 255 p. \$2.25.
- Duvall, Evelyn M. and Reuben Hill. *When You Marry*. Heath, 1945. 450 p. \$3.00.

- Fedder, Ruth. *A Girl Grows Up*. McGraw-Hill, 1939. 235 p. \$1.75.
 Foster, R. G. *Marriage and Family Relationships*. Macmillan, 1944. 314 p. \$2.50.
 Groves, E. R., Edna Skinner and Sadie Swenson. *The Family and Its Relationships*. Lippincott. Revised edition 1941. 470 p. \$2.00.
 Johnson, R. H., and others. *Looking Toward Marriage*. Allyn and Bacon, 1944. 99 p. 80 cents.
 Parker, Valeria H. *For Daughters and Mothers*. Bobbs-Merrill, 1940. 138 p. \$1.50.
 Strain, Francis B. *Love at the Threshold*. Appleton-Century, New York, 1939. 349 p. \$3.50.
 Welshimer, Helen. *The Questions Girls Ask*. Dutton, 1940. 128 p. \$1.75.

For Engaged and Married Couples

- Butterfield, O. M. *Sex Life in Marriage*. Emerson Books, 1938. 192 p. \$2.00.
 ———. *Marriage and Sexual Harmony*. Emerson Books, 1934. Revised, 1938. 96 p. 50c, cover, plus 40 cents for express shipment.*
 Exner, M. J. *The Sexual Side of Marriage*. Norton, 1932. 127 p. \$2.00.
 Goldstein, S. E. *The Meaning of Marriage and the Foundations of the Family*. Bloch Publishing Company. New York, 1942. 224 p. \$1.50.
 Groves, E. R., G. H., and C. G. *Sex Fulfillment in Marriage*. Emerson Books, 1942. 319 p. \$3.00.
 Hope, Wingfield. *Life Together*. Sheed and Ward, 1944. 199 p. \$2.50. Marriage guidance for those of Catholic faith.
 Popenoe, Paul. *Modern Marriage*. Macmillan, 1940. 299 p. \$2.75.
 ———. *Marriage Before and After*. W. Funk, 1943. 246 p. \$2.00.
 Ray, Randolph. *Marriage Is a Serious Business*. McGraw-Hill, 1944. 64 p. \$2.00.
 Stone, Hannah and Abraham. *A Marriage Manual*. Simon and Schuster, 1935. 334 p. \$2.50 plus 40 cents for express shipment.*

* These books can now be delivered only by express.

Prenatal and Child Care

- Corbin, Hazel. *Getting Ready to Be a Father*. Macmillan, 1939. 48 p. \$1.50.
 Hamblen, E. C. *Facts for Childless Couples*. Springfield, Ill., C. C. Thomas, 1942. 103 p. \$2.00.
 Kenyon, Josephine H. *Healthy Babies Are Happy Babies*. Little, Brown, revised 1943. 343 p. \$1.50.
 Van Blarcom, C. C. *Getting Ready to Be a Mother*. 4th ed. revised by Hazel Corbin. Macmillan, 1940. 190 p. \$2.50.

For Teachers, Pastors, Physicians, Nurses, Social Workers and Students

Sex Education

- Bibby, Cyril. *Sex Education—A Guide for Parents, Teachers and Youth Leaders*. London, 1945. American edition, revised to be released by Emerson Books, Fall 1946. 311 p. \$2.50.
 Bigelow, M. A. *Sex Education*. American Social Hygiene Association. 307 p. (Out of print, but in many libraries.)
 Butterfield, Oliver M. *Love Problems of Adolescence*. Emerson Books, 1939. 212 p. \$2.25.
 Kirkendall, L. A. *Sex Adjustments of Young Men*. Harper, 1940. 215 p. \$2.00.
 Lloyd-Jones, Esther and Ruth Fedder. *Coming of Age*. McGraw-Hill, 1941. 280 p. \$2.50.

Biology and Health Education

- Allison, Samuel D. and June Johnson. *VD Manual for Teachers*. Emerson, 1945. 149 p. \$2.00.
- Diehl, H. S. *Healthful Living*. McGraw-Hill, 1941. 595 p. \$2.75.
- Smiley, D. F. and A. G. *A College Text Book of Hygiene*. Macmillan, 1940. Third ed., 1941. 932 p. \$2.50.
- Stimson, A. M. *The Communicable Diseases*. U. S. Government Printing Office, 1939. 111 p. 25c.
- Van Buskirk, E. F. *Principles of Healthful Living*. Dryden Press, 1938. 384 p. \$2.25.
- Todd, R. L. and R. B. Freeman. *Health Care of the Family*. Saunders, 1946. 530 p. \$3.00.
- Williams, J. F. *Personal Hygiene Applied*. Saunders, revised, 1941. 529 p. \$2.50.

Legal and Protective Measures

- Addams, Jane. *A New Conscience and an Ancient Evil*. Macmillan, 1912. 219 p. \$2.00.
- Gould, George. *Summary of Premarital and Prenatal Laws in the United States*. American Social Hygiene Association, 1944. 30 p. 25c. Revised 1946 edition in preparation.
- Johnson, Bascom. *Digest of Laws and Regulations Relating to the Prevention and Control of Syphilis and Gonorrhea in the Forty-eight States and the District of Columbia*. American Social Hygiene Association, 1940, revised, 1942. 1946 Supplement in preparation. Complete, \$5.00.
- Johnson, Bascom, George Gould and R. E. Dickerson. *Digest of State and Federal Laws Dealing with Prostitution and Other Sex offenses, with notes on the control of the sale of alcoholic beverages as it relates to prostitution activities*. American Social Hygiene Association, 1942. 1946 Supplement in preparation. Complete, \$5.00.

Family Relations

- Baber, R. E. *Marriage and the Family*. McGraw-Hill, 1939. 656 p. \$4.00.
- Bigelow, W. F. and H. Judy-Bond. *The Good Housekeeping Marriage Book*. Prentice-Hall, 1938. 182 p. \$1.96.
- Bowman, H. A. *Marriage for Moderns*. McGraw-Hill, 1942. 493 p. \$3.75.
- Commission on Education for Family Life. *Education for Family Life. Nineteenth Yearbook*. American Association of School Administrators. Washington, D. C. 1941. 368 p. \$2.00.
- Cunningham, Bess V. *Family Behavior*. Saunders, 1940. 527 p. \$3.00.
- Drummond, Laura W. *Youth and Instruction in Marriage and Family Living*. Bureau Pub. Teachers College, New York. 1942. 186 p. \$2.35.
- Folsom, J. K. *Youth, Family and Education*. Washington, American Council on Education, 1941. 299 p. \$1.75.
- Groves, E. R. *The American Family*. Chicago, Lippincott, 1934. 500 p. \$3.00.
- Hart, Hornell and Ella B. *Personality and the Family*. Heath. Revised, 1941. 526 p. \$3.40.
- Osborn, F. C. *Preface to Eugenics*. Harper, 1940. 312 p. \$3.00.
- Popenoe, P. and R. Johnson. *Applied Eugenics*. Macmillan, revised, 1934. 429 p. \$2.90.
- Schmiedeler, Rev. Edgar. *Marriage and the Family*. McGraw-Hill, 1946. 273 p. \$1.80.
- Spencer, A. G. *The Family and Its Members*. Lippincott, 1923. 322 p. \$2.50.

Public Health and Medical

- Corner, G. W. *Hormones in Human Reproduction*. Princeton Univ. Press, 1942. 265 p. \$2.75.
- Dattner, B. *The Management of Syphilis*. Grune and Stratton, 1944. 420 p. \$5.50.

- Geitz, Nadine B. *Social Hygiene Nursing Techniques*. American Social Hygiene Association, 1943. 25c.
- Hotchkiss, Robert Sherman. *Fertility in Men*. Lippincott, 1945. 216 p. \$3.50.
- Kampmeier, R. H. *Essentials of Syphilology*. Lippincott, 1943. 516 p. \$5.00.
- Kolmer, J. A. *Penicillin Therapy*. D. Appleton-Century Co., 1945. 302 p. \$5.00.
- Long, W. B. and J. A. Goldberg, editors. *Handbook on Social Hygiene*. Lea & Febiger, 1938. 442 p. \$4.00.
- Moore, J. E. *The Modern Treatment of Syphilis*. Springfield, Ill., C. C. Thomas, 2nd ed., 1941. 674 p. \$7.50.
- Morris, Evangeline. *Public Health Nursing in Syphilis and Gonorrhea*. Saunders, 1946. 239 p. \$2.25.
- Pelouze, P. S. *Gonorrhea in the Male and Female*. For practitioners. 3rd ed. Saunders, 1941. 489 p. \$6.00.
- Schauffler, G. C. *Pediatric Gynecology*. Chicago, Year Book Publishers, Inc., 1942. 384 p. \$5.00.
- Siegler, Samuel L. *Fertility in Women*. Lippincott, 1945. 450 p. \$4.50.
- Snow, W. F. *Veneral Diseases—Their Medical, Nursing and Community Aspects*. Funk and Wagnalls, 1937. 98 p. 40c. (National Health Series.) Special price, 25c.
- Stokes, J. H. *Dermatology and Syphilology for Nurses*. Saunders, 3rd ed., 1940. 365 p. \$2.75.
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- Modern Clinical Syphilology. Saunders, 1944. 1332 p. \$10.00.

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107

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CONTENTS

Public Library
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Editorials:	
" Now Is the Time for All Good Men ".....	289
The Journal Gets New Guidance.....	290
An Experiment in Cooperative Community Organization:	
Part I. From the Official Viewpoint..... John R. Heller, Jr.....	292
Part II. From the Viewpoint of the Voluntary Agency..Esther Emerson Sweeney.	301
Rhode Island Serves Her Youth.....Josephine D. Sever.....	310
Education for Responsible Parenthood in Mississippi.....W. G. Hollister, M.D....	321
In Memoriam: Tributes to Social Hygiene Pioneers.....	329
National Events	Eleanor Shenehon 333
News from the States and Communities.....Betty A. Murch.....	336
News from Other Countries.....Jean B. Pinney.....	341
Book Reviews	344
Publications Received	347
Announcements	351
A Watchword for Social Hygiene Day.....	352

- National Social Hygiene Day
Wednesday, February 5, 1947

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Social Hygiene and the Citizen

EDITORIALS

"NOW IS THE TIME FOR ALL GOOD MEN . . ."

As this is written the people are squaring off to deal with our first postwar choosing of leaders and officials to direct the destinies of national, state, and community government in as critical and important a period as history has ever recorded. Across the country citizens have piled up a record registration in order to exercise their freemen's right to maintain government "of the people, for the people, by the people." Candidates and the issues they stand for have never been more freely and widely discussed in the daily and periodical press, from the platform, over the air. The men and women seeking office have been equally active in presenting their views to the public. Whatever the outcome as regards individuals elected, it will not be due to indifference among voters or those voted for this year.

This is good and right. Rousseau's declaration, "As soon as any man says of the affairs of the State, 'What does it matter to me,' the State may be given up for lost . . .," never rang more true than today. The thoughtful citizen may well inscribe this motto, in fancy at least, over the entrance to the voting booth.

Thoughtful citizens, too, can hardly avoid taking social hygiene into consideration at a time like this. Do your candidates for Senator and House of Representatives understand and support practical measures for protecting the people from venereal diseases? For protecting young people from conditions leading to sexual promiscuity and commercialized prostitution? For encouragement of sound education for life and training for marriage?

Electing a Governor of your State? Is your candidate informed and interested regarding the need for workable legislation to repress prostitution? To protect marriage and the newborn from syphilis? To aid the communities in providing adequate recreational and other safeguards for the teen-agers? If good laws exist, is he among those who have helped to see that they are made effective by vigorous enforcement?

You are perhaps called upon to help select a judge for your courts. Have you considered how well your candidate can be relied upon to cooperate with other court officials, with the police, the welfare and other agencies in your community in such matters as the proper trial and disposition of persons arrested for sex offenses? In securing suitable detention quarters for such persons, particularly for young people? In reeducation of those detained, towards useful living?

These are some of the social hygiene questions which the citizen may ask himself to advantage, not only at election time, but the year round. "Now is the time for all good men to come to the aid of the party," indeed. And the "party" in its true sense is a large and vigorous one, humanity itself, in which all good men—and women—have full franchise and the balance of power.

THE JOURNAL GETS NEW GUIDANCE

With this issue of the JOURNAL OF SOCIAL HYGIENE a new group of editorial sponsors takes over the responsibility (subject to approval of the Board of Directors) for planning the policy and program of the magazine and for advising the Editor on the selection of contents and on the practical problems of production and printing. The ready and much appreciated consent of those invited to serve in this way is proof, we believe, of the general agreement for need of a periodical of this type, as well as their willingness to assist in its improvement.

Mr. Ray H. Everett, former JOURNAL Editor, a member of the Editorial Board for some years past, and well known for his writings as Executive Secretary of the District of Columbia Social Hygiene Society, has consented to serve as Chairman. Other members are:

Beverley M. Boyd, D.D.
Executive Secretary, Department of
Christian Social Relations
Federal Council of Churches of Christ
in America, New York

Robert G. Foster, Ph.D.
Director, Family Relations
Merrill-Palmer School, Detroit

Miss Jean Henderson
Chief, Office of Health Information
United States Public Health Service,
Washington

Edward L. Keyes, M.D.
Honorary President
American Social Hygiene Association,
New York

Mrs. Dwight S. Perrin
Philadelphia

William F. Snow, M.D.
Chairman, Board of Directors
American Social Hygiene Association,
New York

Capus Waynick
Director, North Carolina Social Hy-
giene Society
Raleigh, North Carolina

Percy Shostac
Director of the ASHA Division of
Public Information and Publications,
is a member *ex officio*, and the
JOURNAL Editor serves as a member
and Committee Secretary.

This group, serving as the Committee on Public Information* and Publications, a Division Reference Committee of the Association's General Advisory Board, will act as an advisory committee on the Association's entire program of public information and publications, as well as an editorial board for the JOURNAL and the SOCIAL HYGIENE NEWS. Association members and friends are cordially invited to send their comments and suggestions to the Chairman or Secretary.

The JOURNAL, founded in 1914 under the supervision of such leaders in the field of business and professional letters as Dr. Charles W. Eliot, Dr. William Henry Welch, Mr. John D. Rockefeller, Jr., and Mr. Henry James, has been fortunate in having throughout its life the advice and guidance of a distinguished and experienced body of men and women. The new Committee, still bulwarked by such staunch "best friends and severest critics" as Dr. Keyes, Dr. Snow, and Mr. Everett, upholds, and will enhance, the tradition.

AN EXPERIMENT IN COOPERATIVE COMMUNITY ORGANIZATION *

PART I

FROM THE OFFICIAL VIEWPOINT

MEDICAL DIRECTOR JOHN R. HELLER, JR.

Chief, Venereal Disease Division, U. S. Public Health Service

It is my purpose today to discuss certain of the relationships between official and voluntary health and welfare agencies, both as they have developed in the past and as they are developing today on the threshold of the postwar era.

Early Relationships

Looking backward into history, we find at least scattered evidences of a concern for the welfare of unfortunates among the earliest recorded laws and customs of humanity. In a stricter sense, we find the first true antecedents of our contemporary institutions in the hospitals and charitable institutions established by the Church and the nobility during the later middle ages.

The institutions of this period, however, cannot be accurately classified either as voluntary or official agencies in the modern sense. The status of the medieval Church gave the religious institutions much more of an official character than they have today. Those supported by the nobility were official in a sense, but they were also akin to the privately endowed institutions of today in that their establishment and support was dependent on the initiative and benevolence of individual patrons.

Although poor relief laws had been in effect in certain European cities during the fifteenth and sixteenth centuries, the establishment of social welfare as a legal responsibility of government is commonly attributed to the English Poor Law of 1601. The succeeding years saw increasing legal provision for welfare activities, which became more and more the function of official government agencies. It is true that much of the impetus for progress and for the establishment of new institutions came from the efforts of individuals and of unofficial groups. However, these efforts were in the main directed toward increasing the scope of official activities or toward obtaining official support for projects initiated by private citizens. The official agency retained its dominant role in this country until the latter part of the nineteenth century.

* Addresses delivered at National Social Work Conference, Buffalo, New York, May 23, 1946.

The early years of the present century witnessed the vigorous growth of a relatively new force in the field of social welfare, the voluntary agency. As larger numbers of people gained education and leisure, and as financial support became available from the great fortunes of that era, moving spirits were able to recruit groups of followers and to organize societies which could carry on their efforts independently of official support. These groups came to play an increasingly important role both in carrying on welfare activities themselves, and in stimulating and voicing popular sentiment for reform and social progress.

The voluntary health agency is almost entirely a development of the twentieth century. Sharing in the newly awakened popular desire for social progress, it received special impetus from the rapid progress of medical science and the realization of how much these advances, fully applied, could mean to society.

It was perhaps inevitable that some degree of misunderstanding should have arisen at first between voluntary and official agencies operating in the same fields, however similar their aims. Official agencies at times—and not always without some justification—have tended to look on some of the lay organizations as lacking in professional background, and are prone to overemphasize the more sensational issues in order to win popular support. Less openly, they have sometimes been resentful of criticism and of being prodded out of their accustomed grooves. Their feelings have not been soothed by finding themselves caught at times between the pressure of organized demands for action and their own inability to obtain the funds, the authority, or the cooperation needed to accomplish positive results. On the other hand the voluntary group—again not always unreasonably—has at times accused the official agency of complacency, incompetence, or subservience to political control. Undeniably, there has been some mutual criticism. But this, when it springs from sincere and informed opinions, may be a salutary thing. And there has also been much whole-hearted and energetic cooperation, steadily increasing as progress has been made and differences resolved.

Unity in Goals and Ideas

Basically, both groups have realized that, despite their differences, they were working toward common goals and prompted by common ideals. As they watched each other in operation, they came to recognize that each was making its own definite contribution to society, that each had its own special inherent capabilities and, when working relationships had been evolved, could supplement the work of the other to mutual advantage.

The scope and functions of the official agency are, of course, established by law, and it derives both its strength and its limitations from this fact. Backed by the authority of law, it can enforce compliance with accepted procedures. With a reasonable assurance of continued support from public funds, it can undertake permanent

or long-range projects with less reliance upon the initiative and persuasive powers of individuals, or upon the generosity and solvency of benefactors. In fields where the value of its operations is not controversial, it can command greater resources, commensurate with its broader basis of support. It enjoys the advantage of official status and derives added strength from its relationship with higher or lower levels of government. On the other hand, it must always operate within the framework of the law, with relatively limited discretionary powers. It is open to attack if it ventures too far beyond the universally accepted and the conclusively proven; its scope for experimentation is sharply limited, and it must always, to a degree, follow, rather than lead, popular opinion.

The voluntary agency, in contrast, is endowed with greater flexibility and freedom of action. Responsible only to its own membership or to individual supporters, it is free to espouse unpopular or controversial causes. It can devote its energies and funds to whatever activities will, in its own judgment, be most fruitful. Its financial resources may be small or great, but its resources of human energy are potentially unlimited. Given sufficient enthusiasm, it can enlist the voluntary services of entire communities when the need arises. Unhampered by political considerations, it can press for action or for reform in circumstances where the official agency may be powerless. It can oppose, prod, or assist the official agency, or rally popular and legislative support for the extension of its legal authority, with perfect freedom.

Wartime Pressures Accelerate Cooperation

While the coordination of effort between voluntary and official agencies is not a new phenomenon, it has been greatly extended and intensified under the pressures of the recent war. The resources of each group were strained to the utmost to achieve results and there was no room for duplication of effort or for conflict of aims. Government early recognized the value of the voluntary agencies in supplementing its own activities, and endorsed their financial support through the National War Fund. The services rendered by these agencies have been invaluable, and the experience gained in cooperative action will unquestionably be put to use in the coming years.

The relationships of which I have been speaking in general terms are well exemplified in the history of the movement for social hygiene and venereal disease control. In no field has the greater freedom of action of the voluntary agency been of more significance. In his book, *Shadow on the Land*,* Surgeon General Thomas Parran gives an example of the restrictions under which the U. S. Public Health Service was forced to operate in the early years of this century. In 1908, the Service prepared a very restrained little bulletin on the venereal diseases, intended for the use of merchant seamen. Here was no attempt to break the taboos of our society, or to shock

* Reynal and Hitchcock, 1937. Out of print, but in most libraries.

a horrified nation into action—simply a factual statement addressed to a limited group for whose care the Service was directly responsible. Nevertheless, its publication was disapproved by the Secretary of the Treasury, of which the Public Health Service was then a part, with the notation that “the matter contained in this bulletin is not in keeping with the dignity of the fiscal department of the government.”

At the time of this incident, the voluntary organizations which in 1914 were to merge into the present American Social Hygiene Association were already active. For over thirty years, there had been active societies for the suppression of vice; and ten years previously, Dr. Prince A. Morrow had organized the New York Society of Sanitary and Moral Prophylaxis, the first society in America to devote its attention to the problem as a whole, in its medical as well as its moral and sociological aspects.

Official-Voluntary Agency Reciprocity

Until the great importance of the problem of venereal disease as a threat to military efficiency was recognized by national authorities on our entrance into the First World War, the voluntary agencies had largely carried on the fight alone. Progress was slow and difficult, but definite gains were made. The problems came to be more freely discussed, first among medical and social hygiene groups, and later by educators, other welfare groups, and various public-spirited lay organizations. Thus, while the general taboos were not greatly modified, there was gradually developed an increasing nucleus of organized, informed opinion.

Greater progress had, however, been made on another aspect of the problem, where the groundwork had been laid earlier. Public sentiment for the repression of prostitution had been steadily developed. To be sure, wide variations in local conditions continued to exist, as indeed they do today. Nevertheless, the passage of the Mann Act in 1910 put both the example and the police power of the federal government behind the movement.

This pioneer work did much to lighten the tasks with which military and public health authorities were faced when we entered the First World War. The military authorities were not, of course, unaware of the dangers of venereal disease, nor did they allow themselves to be seriously hampered, in dealing with their own personnel, by the prevailing taboos. Nevertheless, they could not deal with the problem unaided. The sources of infection then, as now, were largely outside of their jurisdiction—in the civilian population. They could devote themselves to repairing the damage, though at a high cost in both money and manpower; they could inform their personnel of the risks, and exhort them to avoid exposure; but the most effective weapon, the removal of temptation, was beyond their power except in the immediate vicinity of their own establishments. They were likewise unable to combat the ravages of venereal disease among the workers in war industries.

The Public Health Service, charged in 1917 with "extra-cantonment sanitation" in the vicinity of military posts, at once found itself faced with the necessity for action against venereal disease. At first lacking funds which could be used for this purpose, it nevertheless proceeded to organize for the attack, and enlisted the aid of voluntary organizations. The Red Cross supplied funds with which twenty-five venereal disease clinics were established and maintained for nearly a year before Federal funds became available.

With the passage of the Chamberlain-Kahn Act in July, 1918, a Division of Venereal Diseases was established in the Public Health Service. It was provided with sufficient funds to undertake a broad program of its own, and with a substantial appropriation for grants to assist the states in their local programs. However, the services of the voluntary agencies continued to be of great value. The American Social Hygiene Association conducted comprehensive studies of selected communities, covering all aspects of the problem from public attitudes and sex education to prostitution and venereal disease. The Association also cooperated in a vigorous and sustained campaign against prostitution which resulted, in the course of the war, in the cleaning up of some two hundred red light districts. With funds donated by the Red Cross, the Association equipped and operated a mobile venereal disease clinic, known as the "Healthmobile," whose tours were sponsored by the Public Health Service. The Association was also actively interested in the industrial program, in some instances underwriting the printing costs for literature which the Public Health Service wished to distribute, but for which no government funds were available.

These are but a few highlights of the cooperation which was engendered in 1917-18 by wartime needs. The basic national service of the Association was, and has always been, its promotion of popular education and its stimulation of public support and community cooperation.

These wartime experiences laid the foundation for cooperative action which, if it could have been maintained, might have carried us far along in the direction of our common goals. Unfortunately, after the War, in the words of Dr. Parran, Congress apparently believed that the spirochete had been left behind in the trenches. Appropriations were drastically curtailed in 1920, and a few years later all aid to the states was withdrawn. The Division continued to exist, but most of the work which it had undertaken had to be abandoned. For a time, in the Golden Twenties, the Association was the rich member of the partnership; and even after it had joined us on the breadlines, during the Depression Years, it continued, through the energy and influence of its members, to carry on the battle. Its sustained work played no small part in paving the way for the revitalization of the venereal disease program of the Public Health Service in the last decade.

In 1936, when Dr. Parran became Surgeon General of the Public Health Service, considerable courage to speak out openly and con-

siderable persuasiveness to gain a hearing in the press were still required. But the barriers were beginning to break down, and there were by this time great numbers of influential citizens who were ready and willing to lend their support. A few newspapers had already dared to print the forbidden words,* and after the *Survey Graphic* and the *Reader's Digest* had carried Dr. Parran's articles on syphilis, more and more editors came to realize that they could lift the ban without disastrous consequences. The subject had at last been brought out into the full light of day, and the campaign was on.

With the passage of the Venereal Disease Control Act in 1938, the Public Health Service was once more in a position to undertake a vigorous course of action. In the defense period, beginning in 1939 and then during the Second World War, these activities have been greatly expanded. This period, like that of the earlier war, has been marked throughout by cooperation between the Public Health Service, the American Social Hygiene Association, and other official and voluntary groups.

The Service has provided speakers and publicity for National Social Hygiene Day, sponsored annually by the Association, and has assisted in other ways in its public information program. Other joint projects have been carried on—notably one, in cooperation with the American Pharmaceutical Association, has enlisted the support of pharmacists in disseminating accurate venereal disease information and in refusing drug-store diagnosis and the sale of quack remedies. Another has been directed toward the control and prevention of venereal diseases among industrial workers. 1940 through 1945, the Association conducted 2,276 surveys of prostitution conditions in 1,170 communities. This information has been of great value in the campaign waged by the Social Protection Division of the Federal Security Agency which has resulted in the closing down of some seven hundred red light districts in defense areas.

Working relationships in this war have been much more clearly delineated than ever before. The 1940 *Eight-Point Agreement* between the Army, the Navy, and the Public Health Service, adopted

* EDITOR'S NOTE: Notably the *Chicago Sunday Tribune*, which in October, 1935, carried a series of three full-page illustrated feature articles on syphilis by a staff writer, John P. Menaugh; the *New York Daily News*, which in January, 1936, ran a series of eight specially written full-page articles by Carl Warren, and the *Washington Times-Herald*, which in April, 1936, ran a series of thirteen special columns by Ray H. Everett, Executive Secretary of the District of Columbia Social Hygiene Society. These articles, in particular those from the *Chicago Tribune*, were widely reprinted throughout the United States. It should be said also that previous to 1935, a good number of newspapers continued the tradition adopted during the First World War, of regularly printing newsworthy information concerning the campaign against the venereal diseases. See *New Brooms and Old Cobwebs*, JOURNAL OF SOCIAL HYGIENE, April, 1936, for a review of progress previous to that time in public information through newspaper and other mass education channels.

later by the Conference of State and Territorial Health Officers, outlined the common objectives. Based upon this Agreement, there was issued in January, 1943, a detailed joint statement outlining the respective functions of the official agencies and of the American Social Hygiene Association.* The Association was recognized as a full partner of the official groups.

As the end of the War drew near, and we began to look beyond our immediate problems and to plan for the future, we in the Public Health Service were determined to maintain this partnership. We were convinced that despite the more effective and more rapid methods of treatment which had been evolved, the ultimate victory over venereal disease would require a continued effort, on the community level, for social hygiene in the broadest sense. Thus, early in 1945 Dr. Parran wrote to Dr. Walter Clarke, the Association's Executive Director:

"I believe that our wartime experience has shown that official health agencies must have the help of other important community interests, both official and nonofficial. The best mechanism for achieving this community participation, in my opinion, is through the development of more and better local social hygiene organizations affiliated with the national Association.

"If this suggestion has merit, and is approved by the national organization, I am prepared to recommend to federal venereal disease control personnel and to state and local departments a strong policy of aiding your field staff toward achieving this end."

The "Team Plan" now in operation is the outgrowth of a joint project undertaken last spring to explore methods for carrying out this proposal. Mrs. Sweeney, who has been an active participant in this program, will give you a more detailed picture of its operation and of the results which have been achieved to date. I like to think of this project as marking the beginning of a new step forward in the relationships between voluntary and official health agencies.

The wheel of social hygiene has turned a full cycle in less than two generations. Although the social hygiene movement came into the world described by phrases such as "sanitary and moral prophylaxis," its horizons in those early days were unlimited. With the First World War, the focus narrowed somewhat upon venereal disease and prostitution. During the twenties, problems of sex education came to the fore, with venereal disease and prostitution relegated to the background. The renaissance of venereal disease control of the mid-thirties made, in the popular mind, the phrases "social hygiene" and "venereal disease control" almost synonymous. Dur-

* *Relationships in Venereal Disease Control*, JOURNAL OF SOCIAL HYGIENE, February, 1943.

ing the late war, social hygiene interests broadened beyond venereal disease with respect largely to the repression of prostitution. In the public view, the horizons of social hygiene were fairly sharply circumscribed on the one hand by disease, and on the other by vice.

But today, we can see basic similarities with the situation at the turn of the century. The similarities are related to a growing breadth of vision as to the implications of social hygiene. These stand, however, on a far broader basis of scientific fact and enlightened public opinion than was the case in the earlier years.

Not only are the experts and authorities in health and social hygiene coming to recognize our entry into a new era, but very large numbers of the general population are as well. There is a feeling among many persons that something basic and of very personal concern lies behind the stories that are talked about at home, and about so-called juvenile delinquency, prostitution, and venereal disease, fraternization and discipline problems among our overseas garrisons.

We are beginning to see in practical and concrete terms that venereal disease and prostitution are symptoms of basic personal and social disorganizations. We who must work with and treat those symptoms sense a growing feeling among the people that we need not tolerate these symptoms, that we, as a nation, must get at the root causes. Our war experience has sharpened our knowledge that, although venereal disease is a medical problem, it is often rooted in underlying problems of behavior, motivation, environment. And when we begin to think and speak in these terms, we speak of social hygiene.

Inevitably, when we speak of social hygiene, we speak of individual and social responsibility for raising the level of community health not only in physical, but in emotional and moral terms as well. Inevitably, when we speak of social hygiene, we must act in terms of community organization.

USPHS-ASHA Team Plan Strengthens Relationships

Thus, the objective of the Team Plan is to stimulate community organization for social hygiene—for the growth of a sense of individual and social responsibility expressed in concrete and progressive action in our homes and community institutions.

The average American is ready. Beneath the superficial pessimism and irresponsibility and selfishness reflected in lurid headlines and black market operations lies a fundamental concern with the way things are going in the world today. There is less complacency than bewilderment as to the implications of atomic energy and of starvation abroad. Slowly but surely, the average citizen is reducing

high-flown language and involved negotiations to simple, personalized terms relating to himself and his children. In the final essence, our future and our heritage depend on our living together as nations and as individuals, and on common grounds understandable to each of us as individuals.

Thus, social hygiene and community organization for social hygiene must be seen in its proper perspective as one of the prime safeguards of our way of life.

The task which has been undertaken by the official health and welfare agencies, together with voluntary social hygiene and related groups, is to assist in providing the machinery for implementing this underlying tendency. It is a democratic objective; one that will help in making effective the will and aspirations of the common man.

The Team Plan is but one step forward, however. The raising of problems into the light, and of articulating the interests and concerns of individuals—even the suggesting of ways and means of moving forward in action—can be abortive unless there is brought into being community machinery rooted in the needs and set to the capacities of the individuals who make up the community. We are dealing with a problem of basic education—not only information; but education—which implies understanding of why, and motivation for action on the part of each individual.

Community organization and community action, in the nature of things, must grow from within the community and the individuals which comprise it. The team can start the ball down the alley, but its course must be shaped all along the way by the people who are primarily concerned if we are to register a strike or even a spare.

We must, in short, augment the Team approach to community organization with a large-scale organized effort toward adult education in matters of social hygiene—and social hygiene, let it be emphasized, in contradistinction and addition to venereal disease control.

Our experience in the late war has underscored, as it must never again be underscored, that our generation has failed to prepare our youth adequately for life in the modern world. In the fact that our young people have come through so remarkably well, despite our shortcomings, lies our hope for the future. Our generation, working with the new families and new parents of the new generation—making available with honesty and open-mindedness the facts and experience which we have gained—can atone for our failures of the past.

PART II

FROM THE VIEWPOINT OF THE VOLUNTARY AGENCY

ESTHER EMERSON SWEENEY

Field Representative at Large, American Social Hygiene Association

The Team Plan of cooperative community organization has consisted of a series of one-day institutes on social hygiene, held in various cities throughout the country, under the joint auspices of the United States Public Health Service and the American Social Hygiene Association. As a device it was not new; it had been successfully used many times. There have been, though, some differences in planning, scope and content of the institutes that seem worth special discussion.

Official-Voluntary and Inter-Voluntary Agency Relationships

Perhaps the most important aspect of the Team Plan lies in the fact that it had the cooperation of, not only the USPHS and the ASHA, but of five national voluntary and official agencies, the other three being the Social Protection Division of the Federal Security Agency, the Family Welfare Association of America, and the National Travelers Aid Association, and of a host of other state and community voluntary and official agencies.

Essentially, the Team Plan was designed to stimulate the development of community social hygiene citizen groups. That the USPHS could and did see the value of such groups to the field of public health and to the community as a whole is not surprising when one considers the long period of close working relationships between the USPHS and the ASHA. Nor is it surprising, either, when we realize that both agencies had this goal in common—the control and eradication of the venereal diseases.

It is significant, however, that such deep understanding of purpose, of motivation, of ultimate community values, and of mutual advantage—in the best sense—has grown up between official and voluntary agencies and among the voluntary agencies themselves; that joint enterprises, such as the Team Plan, can be undertaken even where the immediate, day-to-day, inter-agency relationships are not nearly so clear cut as between the United States Public Health Service and the American Social Hygiene Association.

Dr. Heller has related many of the historical factors that have brought to pass this ready mutuality of effort. Yet, since the Team Plan is a particularly compelling example of this mutuality and of the currently pervasive spirit among agencies toward cooperation one with another, a few words about the more recent history of inter-agency relationships—particularly the inter-voluntary agency relationships—may be said.

As we contemplate the growing bonds between agencies in 1946 and regard evidences of unity of action—perhaps nowhere better illustrated than in the Associated Community War Services operations of the past several years—it is easy to think that these patterns are fairly old and familiar. It is easy to forget the early years of the voluntary agencies, their struggles for recognition, their long years of earnest demonstration—often with limited resources—before the official agency could assume its proper share of community responsibility, and the relatively slow process of shaking down to more clearcut lines of demarcation of function and responsibility could take place. Actually, though, our progress might have been far slower had it not been for the impact of two wars upon all agencies in the fields of health and social work.

Unity Strengthened by Two Wars

World War I found the country in possession of a sizable body of voluntary agencies with which to meet the social, economic, and emotional upheavals that come with all wars. But these agencies, to make them in reality the effective machinery they were in potential, needed two things—sounder integration and adequate financing. A live-and-let-live policy was not enough; though this comfortable way of life had long since developed between most voluntary agencies. A good program was not enough—if it duplicated that of another agency. Zeal and kindly good-will were not enough. The imperatives of war, the mass attack on the nation's problems at home and overseas called for sharper lines of operation, definitions of function and mutual understanding of policies. Higher operating costs, larger cash disbursements, sudden financial emergencies demanded more adequate financing and better methods of financing.

Out of the experiences and the demonstrated needs of World War I grew the Community Chests and Councils of Social Agencies. The machinery for coordination and integration, the machinery for more adequate financing that would leave the voluntary agencies free of the burden of anxiety about income, provided by the Chests and Councils, was well used during the interval of peace. Inter-voluntary agency relationships were deepened, understanding and mutual respect became growing forces for unification and relationships between official and voluntary agencies were developed and intensified.

The Second World War established anew the fact that voluntary and official agencies could not only work together in unity, dignity, and harmony but that they could work, without any sense of threat to their own individual security and integrity as agencies, toward the enhancement of each other's programs. One could even work toward the establishment or the strengthening of the other on national, state, or local levels.

These then were the kindly forces—the fairy godmothers—who attended the birth of the Team Plan. The Team Plan is the natural outgrowth of all that has gone before, of the years spent

by all of our agencies in learning to understand each other, to see the place of each in the community, to see the complementary action of one upon the other.

There is no day or date which marks the beginning of this newer pattern of voluntary and official agencies working specifically toward the development or strengthening of each other. Like many movements toward a better world, it probably began with sporadic efforts on the part of the more enlightened, was nourished through the process of sharing problems and needs in council bodies, and came to maturity under the impact of wars and of a growing and increasingly complex civilization. The millennium has not yet arrived! Not all voluntary agencies have yet achieved completely the understanding or maturity that is involved in the enhancing of the position of fellow-agencies. The field staffs of all of our national agencies do not yet travel over the country with the hope or plan of building up, in each community, a total group of adequate services for all the people. But the movement is a growing one. It will go on and each step taken in this direction will help to solidify the gains already made.

During the war, the USO left behind in hundreds of communities a public more knowing, more ready to see what community needs are and how they may be met. The Associated Community War Services on a more painstakingly designed basis rendered similar educational services to communities.

Merger of function and operation is another step in inter-voluntary agency relationships that must not be passed over, for it, too, is a trend that has great significance for the future. The mergers between children's and family agencies are of enormous importance to us all—whether we agree or fail to agree with the concepts involved. In the health field, we find, all over the country, tuberculosis associations setting up and staffing committees for work in the heart field, in cancer control, and in the field of social hygiene.

The voluntary agency that perhaps has done one of the most significant jobs in the direction of fostering the constellation of agencies needed to give adequate service to each community, while at the same time working vigorously toward unity between official and voluntary agencies, is the American Social Hygiene Association. This is not a note of self-congratulation nor the narrow chauvinism of self-satisfaction. The Association's very nature made this not only possible, but imperative, if our goals were to be achieved. For the major task to which ASHA had set its hand thirty-three years ago was the conservation of family life—and the attack on the venereal diseases, prostitution and sexual promiscuity—as major threats to family life—through the best use of every available educational, social, and public health device. It was only natural, then, that where the means to carry on this task were absent or needed strengthening, it should become the responsibility of ASHA to promote the development of those community resources through which such ends might be achieved. And, by the same token, as

greater unification of voluntary agencies (and, later, of both voluntary and official agencies) became a community "must," it was again only natural that ASHA should find itself in the forefront of such movements as the development of Community Chests and of Councils.

The Team Plan Stimulates Community Action

Thus, in undertaking the program known as the USPHS-ASHA Team Plan for Community Organization, thought and time were expended on making this plan fruitful—not only as a device for public information and for accelerating the pace of development of social hygiene groups—but as a device for strengthening community understanding of needs, for stimulating community action in the direction of meeting these needs through the development of the type of official or voluntary agency that would provide appropriate community resources; for strengthening the position and the support of existing agencies in those cities where unenlightened or apathetic public opinion was a weakening or vitiating factor in the effectiveness of those agencies.

To achieve this, then, the Team would need to paint the social hygiene picture on a broad canvas—each community must know the whole story of social hygiene and all its implications in the life of the community: the Team would need to be equipped, city by city, with the community's own story—its strengths, its weaknesses, its needs, the condition of public opinion, its official and voluntary agencies—the ones it had and the ones it needed—its actual ability to work out a rounded and full program of social hygiene or, in turn, what factors might militate against the most satisfactory development of such a program; and for maximum effectiveness, the Team would need the values inherent in national and local agency participation—official and voluntary.

Plans and Procedures

The Plan itself called for a series of one-day institutes in selected localities with a team of four or five speakers bringing to the attention of community representatives all aspects of the problems involved in social hygiene and the need for community action to combat, on every front, the common enemy—the venereal diseases. All talks on each institute program, whether given under the title *The Public Health Problem of the Venereal Diseases* or under such titles as *The Social Aspects of the Venereal Diseases* or *Social Hygiene Education—A Preparation for Life*, gave maximum emphasis to the prevention of the venereal diseases and to the social treatment of sex delinquents.

The preparatory steps for Team Plan appearances, from many points of view, have been of as much if not greater importance than the actual team appearances.

Between the United States Public Health Service and the American Social Hygiene Association, a fairly regular procedure was followed,

relating to the staffing of the Team, to correspondence by Surgeon General Parran asking cooperation of state health officers and other necessary preliminaries.

Equally significant, both in terms of preparation for the most effective use of the Team and as a continuing cooperative device during the life of the Team Plan, were the working agreements developed with three other national official and voluntary agencies. That only a total of five national official and voluntary agencies were involved in this joint enterprise does not reflect a failure to see the desirability of a larger number of participants. Limitation as to the number of national participants merely related to the need for keeping the program simple and for reducing the amount of conference time, correspondence, etc. that would have been involved in larger numbers. Both the United States Public Health Service and the American Social Hygiene Association were faced with the necessity of doing as broad and far reaching a job as possible with the familiar minimum of staff that is a feature of all social and health agency enterprise.

These working agreements, entered upon without strong contractual ties or the formality of protocol (surely one of the signs of our growth as agencies) amounted simply to this: one, that the participating agencies would be generally helpful wherever opportunity or need arose; and, two, that each would participate in certain specific ways. The Family Welfare Association of America, with its wide range of knowledge of American communities and its knowledge of many of the persons employed in both family agencies and public welfare departments, agreed to aid us in finding speakers to participate as members of the Team, for the discussion of the social aspects of the venereal disease problem. Additionally, by way of the well known *Blue Letter*, they would alert their member agencies to the Team Plan and suggest cooperation and participation in the meetings as these would take place in each community. The National Travelers Aid Association agreed to much the same procedure.

The Social Protection Division of the Federal Security Agency agreed to have their representatives participate as speakers in the Team Plan programs and, in many instances, as part of their agreement to be "generally helpful," the Division staff gave great assistance to the ASHA field staff in covering the groundwork in advance of the Team Plan appearances.

While the United States Public Health Service and the American Social Hygiene Association are gratified by the results of the Team Plan to date and the further potential of results that may be expected in the future, regarding the growth of social hygiene societies and committees, it is a source of deeper gratification to realize how effectively these inter-agency relationships operated and to realize to how great an extent the Team Plan served the purpose of building up in communities all over the country a realization that the problem of the venereal diseases is not wholly medical—that it is closely involved with social, emotional, and educational factors for which communities must take responsibility and action.

Public Library
Kansas City, Mo.

Other preparatory steps which it was felt would give the Team maximum community effectiveness were carefully planned. The field staff of the American Social Hygiene Association assumed responsibility for preparing the communities for Team Plan appearances. This work, with all that was involved in the way of securing broad, representative community response—developing committees on arrangements, working up good advance publicity, securing sponsorship of local agencies and civic groups for the meetings, working closely with councils of social agencies and health councils—was, of course, integral to the success of the institutes. Two other aspects of preparation were, however, of equal if not greater importance. One was the task of “learning” about the community—its existing resources, its needed resources, what agencies needed greater support from the community in order to achieve a maximum usefulness, the freedoms or limitations of all its voluntary and official agencies in areas which impinged upon the potential social hygiene program. The other was the securing of well known local speakers who would form part of the Team during the one-day institutes and, where necessary, helping to deepen their understanding of the relationship of the social hygiene program to the whole social structure of the community.

These last two steps cannot be overestimated in their significance. Securing local team membership removed the danger that is always inherent in the descent upon communities of a galaxy of national agency representatives. Securing an understanding of the community itself provided a basis for “briefing” the Team before its actual appearance in a given city, as well as for sound advice in helping to plan for the future.

If the Team was to appear in a community that had, let us say, no family agency and only a limited, county-wide public welfare service, it was then apparent that the Team should stress the need for developing social treatment facilities in that community. If infected, sexually delinquent girls were herded into jail, without segregation as to age groups and past history, then the Team would need to place emphasis on the socialization of law enforcement. If the community offered few or—as in the case of some communities—almost no recreational facilities for young people, then, in all practicality, the Team would need to emphasize not only the *value* of recreation as a deterrent to delinquency and a factor in character-building, but would need to point up the need for the community to survey itself and consider, seriously, its needs in this area.

To put it simply, there would have been little point in the Team approaching each city with a stereotyped message. Although at no time was a minatory finger shaken at any community, the fact that local agency representatives were participants in the Team Plan appearances made it possible for the Team members to speak with considerable frankness about unmet needs and about community responsibility for meeting those needs.

To sum up the steps in planning for any Team appearance, then, we have the following:

1. Letters from Surgeon General Parran to state health officers interpreting the proposed program and asking cooperation.

2. Preliminary discussions between staff of ASHA, the Public Health Service and some or all of the other national participating agencies, as to the choice of cities to be visited by the Team. Into this choice went many factors—the need for social hygiene organization; sometimes, known readiness for social hygiene organization; the existence of a social hygiene society in a given city which might need to be supported and strengthened by a Team Plan appearance; the size, importance, and sphere of influence of any given city.

3. Advance groundwork by the field staff of the American Social Hygiene Association (sometimes worked out in cooperation with Social Protection Division representatives, sometimes directly undertaken by a council of social agencies or a health council), including an informal appraisal of each local community and the enlistment of local participation in the Team Plan appearance.

4. Conferences of the team members, immediately preparatory to the Team Plan appearance, designed to provide maximum applicability of the speakers' talks to the local situation.

The one-day community institute programs consisted of five talks, presented at morning, afternoon or evening sessions as seemed feasible, and usually including a civic club-sponsored luncheon or dinner meeting. A typical program was as follows:

1. A discussion of the social factors involved in the problem of the venereal diseases. This took into account community responsibility for providing deterrents to the unsocial behavior that lies at the roots of the venereal diseases, the emotional problems of the infected individual, the emotional aspects of promiscuity, and the social treatment of sex delinquents. This talk was usually given by a well-known and well-equipped local casework agency representative.

2. A presentation of the law enforcement aspects of social hygiene with respect to the repression of prostitution, the effect of prostitution in any community upon young people, the exploitation of human lives in the prostitution racket, and, again, the need for a socialized approach to the offender, within the practice of law enforcement. This material was presented by the representative of the Social Protection Division of the Federal Security Agency.

3. A presentation of the public health aspects of the venereal diseases, rates of incidence, methods of treatment, problems of case finding and contact investigation, and, always, emphasis laid by the speaker on the venereal diseases as symptomatic of individual, personal disorganization. This part of the program was presented by the representative of the United States Public Health Service.

4. A discussion of the place of social hygiene education or family life education in the prevention of promiscuity. Here, major emphasis was placed on the role of parents as the primary forces in the child's psycho-sexual development, on the place of the school as a further factor in this development, on the need for the school to abandon the concept of family life education as something to be accomplished through isolated "sex talks" but, on the contrary, to be accomplished only through sound integration of family life concepts into the existing curriculum, on the continuing and ever more needful role of the church as the individual guide of the child in his total personality development. This part of the program was either presented by a representative of the American Social Hygiene Association or by a local educator, experienced in this field.

5. The last item on each program was a presentation of community responsibility for social hygiene action. This included specific suggestions for development of a citizen group and suggestions for working out programs in cooperation with other agencies in the community, and was one of the talks on the program in which there was sufficient flexibility to permit of maximum emphasis on the local community situation. This presentation was usually made by a member of the ASHA staff.

Discussion periods varied from community to community. In some places discussion followed the conclusion of each speaker's talk; in others, discussion came at the conclusion of the day's institute. In all instances we found, not only lively discussion, but eagerness to move forward on an overall community basis as well as in terms of the specific formation of a social hygiene organization.

Results and Future Hopes

Since November, 1945, Team Plan appearances have taken place in twelve states. At the present time the Team Plan is in the midst of operations in a group of states—Iowa, Nebraska, Colorado, and Oregon.* The results, so far as the actual development of community social hygiene organization is concerned, have been splendid. Many new societies and committees have been formed or are in process of formation; about fifteen thousand community workers and interested lay persons have been reached either directly through Team Plan programs or in special meetings with educational, public health, and medical groups. Several communities in which social hygiene organizations already existed have reported a decided strengthening and unifying of these groups as a result of Team Plan activities. Since it was the primary purpose of the Team Plan to increase citizen responsibility for social hygiene and to do this through social hygiene organization, it can certainly be said that the Team Plan is achieving that purpose successfully. The achievement of closer working relationships between official and voluntary agencies and among voluntary agencies one with the

* This itinerary, with visits to a number of additional state communities not specifically cooperating with the Team Plan, was completed in June.

other is however one of the most gratifying aspects of this experiment in cooperative community organization. It is the by-products of the Team Plan appearances that challenge us to go on quite as much as the growth of local social hygiene societies and committees.

In one state, for example, a state-wide program under joint official and voluntary auspices is being launched for the training of parents and teachers in responsible parenthood. In certain cities where a return of prostitution constituted a serious threat to community life, community action was stirred to hold the line against prostitution. More than one discouraged health officer in the smaller communities has found, in the Team Plan, the backing and support, the interpretation that he needed to strengthen his own position. Several universities have been led to undertake new adult education courses for parents in family life education. Councils of social agencies in more than one community have found that the Team Plan, with its emphasis on local needs and local responsibility, could inspire the newly developed social hygiene groups to act as spearheads in the movement to improve community resources. State health departments have taken a new hold on the concept of responsibility on the part of the official agency for the stimulation of voluntary organization. As a result, a proportion of the time of the health educators in several states is being devoted to the stimulation of local citizen groups.

These results, we feel, are just the beginning. As the Team Plan moves forward, as it ultimately reaches all forty-eight states, as the participants improve their own techniques in its use, we may find broader vistas opening before us. This much can be said, though, with assurance, even after only seven months: the Team Plan is a sound device for accelerating the pace of local community organization in social hygiene; it has already proven that it is potentially a strong weapon in the fight for better communities and better community resources.

STATES AND COMMUNITIES IN WHICH TEAM PLAN MEETINGS
HAVE BEEN HELD NOVEMBER, 1945 TO JUNE, 1946:

Arkansas:	Little Rock, Fort Smith
Colorado:	Denver, Pueblo
Illinois:	Peoria, Kankakee
Indiana:	Terre Haute, Evansville, Gary, South Bend, Muncie
Iowa:	Davenport, Des Moines, Sioux City
Kentucky:	Covington, Newport, Louisville
Louisiana:	Monroe, Baton Rouge, Shreveport, Alexandria, Lake Charles
Mississippi:	Jackson, Meridian, Corinth, Hattiesburg, Laurel. Additional meetings—not regular Team Plan—were held in the cities of Columbus, Greenville, Vicksburg, McComb, Tupelo.
Nebraska:	Lincoln, Omaha
Ohio:	Columbus, Youngstown, Akron, Toledo
Oregon:	Salem, Corvallis, Oregon City, Medford, Eugene, Pendleton
Texas:	San Antonio, El Paso, Fort Worth, Dallas, Houston, Galveston
West Virginia:	Huntington, Charleston, Fairmont, Wheeling

RHODE ISLAND SERVES HER YOUTH

A REPORT ON THE FIRST YEAR'S WORK OF THE RHODE ISLAND SOCIAL HYGIENE ASSOCIATION

JOSEPHINE D. SEVER

Executive Secretary

Shortly after V-E Day Surgeon General Thomas Parran of the United States Public Health Service and officers of the American Social Hygiene Association joined in urging state and community officials and citizens to set up a united front to hold the social hygiene gains made during the war and particularly, in line with the needs of both youth and parents, to extend into the postwar years their efforts for conservation and protection of our young people and of family life generally.

Rhode Island moved to meet this challenge by undertaking, in the autumn of 1945, to establish a broad social hygiene program on a state-wide basis. This program is being conducted under the auspices of the Rhode Island Social Hygiene Association, now a year old. The writer, who as a field representative of the American Social Hygiene Association, helped to organize the new society, has been serving as its Executive Director since April 1, 1946. The present report is an effort to account to those within the State who, by their enthusiasm and cooperation, have made the work possible, and to tell to friends of social hygiene wherever they may be, for whatever it may be worth, the story of how one state is trying to make itself a better place for youth to grow up in, and live in.

BEGINNINGS

First Steps

Early in the fall of 1945, key persons in the State were visited by the ASHA field representative to ask their opinions as to social hygiene needs and the feasibility of setting up a state social hygiene group to meet them. Among the persons interviewed were the Governor, the Commissioner of Public Health, the presidents of the State Federation of Women's Clubs, of the State Congress of Parents and Teachers and of the Rhode Island Medical Society; the heads of industrial organizations; the secretary of the Council of Social Agencies, leading church representatives, and the Chairman of the State Consumers Conference Committee. The interest expressed seemed to warrant discussion with a larger group, and on September 24th the following letter was mailed to 100 representative citizens:

Providence, Rhode Island
September 24, 1945

Dear Mrs. (or Mr.) Blank:

In the interest of youth and their postwar problems we are inviting you to attend a meeting to be held in the Plantations Club, Providence, Thursday, October 4, at 4:00 P.M.

At that time we shall consider, with your help and thinking, the advisability of establishing a Rhode Island (State) Social Hygiene Association. This organization, if formed, would have as its objectives a long range educational program keyed to the establishment of better boy and girl relationships, together with the inculcation of ideals and standards for better family life.

We sincerely hope you can attend this meeting. All other States are being asked to create similar organizations. New Hampshire has just so voted and Maine is also planning an organizational meeting.

Would you be good enough to indicate on the enclosed postal whether or not you can attend and if you are unable, a statement of your feeling in the matter? We enclose a list of those invited to attend.

Hoping to see you October 4 at 4:00 P.M., we remain,

Yours sincerely,

(Signed)

J. HOWARD MCGRATH
Governor of the State of Rhode Island

REVEREND CHARLES C. CURRAN
Director, Diocesan Bureau of Social Service

MRS. CHARLES F. TOWNE
President, R. I. State Federation of Women's Clubs

MRS. PAUL L. GOULD
President, R. I. Congress of Parents and Teachers

JOHN F. KENNEY, M.D.
President, R. I. Medical Society

ALICE W. HUNT
Chairman, R. I. Consumers Conference Committee

Seventy-five out of the hundred accepted this invitation, and the remaining 25 expressed themselves as favoring the undertaking. At the meeting the writer, drawing on recent experience in a nationwide ASHA study of youth problems and community conditions, presented the case for youth, stressing the increase in juvenile delinquency, the hazards confronting youth and the family today, and the possibilities of protection and prevention through social hygiene measures. Mr. Bascom Johnson, Director, Division of Legal and Protective Services for the American Social Hygiene Association, was sent by the national organization to speak on the importance of state and community action regarding social hygiene problems. The meeting voted unanimously to form a Rhode Island Social Hygiene Association, to affiliate with the national association and to center its program around the needs of youth and family life.

A Society Gets Under Way

The *Articles of Association* adopted by the new society on November 27, 1945, indicate in their first paragraphs the broad scope of program and objectives:

THE STATE OF RHODE ISLAND
ARTICLES OF ASSOCIATION
OF
RHODE ISLAND SOCIAL HYGIENE ASSOCIATION, INC.

We, the undersigned, being all of lawful age, do hereby associate ourselves together for the purpose of forming a corporation under the provisions of *Article III, Chapter 116* of the General Laws of Rhode Island and any amendments thereto.

ARTICLE I

The name of this corporation shall be RHODE ISLAND SOCIAL HYGIENE ASSOCIATION, INC.

The term "Social Hygiene" as used by the organization is intended to cover not only sex hygiene, or venereal disease control, but includes mental and physical health in all personal and family relations.

ARTICLE II

The aims of the Association shall be:

1. To reduce juvenile delinquency.
2. To stimulate better boy and girl relationship.
3. To provide adequate social hygiene education on a long-term basis for both parents and children.
4. To lessen the community hazards to youth.
5. To stimulate communities to provide adequate recreational facilities.
6. To inculcate better standards for family life.
7. To check venereal disease and sexual promiscuity.
8. To insist that laws controlling vice be enforced.

To guide the destinies of the new Association, the by-laws provided for a Board of Directors numbering 40 persons, and an Honorary Board "as may be determined" (now including a group of 33, headed by Governor John O. Pastore). The by-laws also called for the election of the usual officers—president, vice-president, treasurer, and recording secretary—who with certain designated members of the Board of Directors serve as an Executive Committee. The outstanding persons who are participating in the program in this way (see pp. 319–20) represent interests and groups reflecting a field of thought and endeavor as wide as the Objectives. Their active cooperation and wise guidance have permitted prompt action and real progress. Monthly meetings of the Executive Committee are held, with the Board of Directors meeting semi-annually. The Executive Director is employed at present on a half-time basis.

Planning Operations

In line with the Objectives, a Plan of Work was early drawn up and approved for action. Two main divisions of effort were indicated: I. Cooperation with existing agencies and groups to strengthen their efforts. II. Independent action to find and meet needs not already covered. The tentative program included:

I. Cooperation with:

1. Police Department

Cooperate with the police in their efforts to get an adequate number of well-educated and well-trained policewomen in order to provide proper supervision and guidance for women and children.

Do everything possible to encourage the enforcement of regular inspection and 24-hour surveillance of cafes, restaurants, taverns, roadhouses, trailer or camp sites.

Encourage the regular inspection of all public comfort stations, bus terminals and railroad stations.

Attempt to have more police made available for patrol of downtown streets, alleys, doors and hallways.

Try to strengthen support and cooperation between the police and social agencies.

2. Health Department

Examine the reports made available by the Health Department to determine current per cents of those needing treatment and the regularity with which they apply for it.

Cooperate to establish a follow-up service which, by encouragement and education, would seek to prevent further anti-social behavior thus reducing repeat cases.

3. Department of Justice

Work for consistent enforcement of existing laws affecting minors (such as selling liquor to minors, working children beyond the legal hours or otherwise exploiting them for profit or immoral purposes).

Cooperate with the Juvenile Court in devising a rehabilitation program designed to reconstruct the pattern of wayward children's activities, with particular effort directed toward enlisting the interest and cooperation of the parents.

4. Department of Education

Study the problems of dissatisfied pupils under sixteen years of age who will not go to school and who are especially susceptible to bad influences because of lack of interest and consequent idleness.

5. Men's and women's clubs, church groups, youth organizations (Scouts, Y.M.C.A. and Y.W.C.A.), parent-teacher associations, and any other organization working for or interested in youth or public welfare.

II. Independent Action

Prepare programs for constructive action, enlist new community interest in youth problems and activities, or possibly organize classes for parents to inform and to inspire increased interest and responsibility for their children's play, school and work activities.

By means of lectures, literature, press and radio, give to the cities and communities of the state facts and figures to point up the dangerous results of past, public apathy and to take immediate action to prevent the further sapping of the nation's prime source of strength—the health and character of its youth.

The Plan of Work further stated:

“The most important objective of the Social Hygiene Association is this *preventive* program, the education of the community. Once people are informed of the causes of this social problem, action can be stimulated which will strike at its very roots and the legal, medical and protective measures which are now necessary will automatically become superfluous. Unless the public realizes the danger of continued indifference or half-hearted measures and will join in trying to combat them, the health and character menaces which threaten our youth, can undermine our social structure to the point of collapse.”

THE FIRST YEAR'S RECORD

Real enthusiasm and generous cooperation of the groups participating in the program, plus some hard work by the officers and staff, have enabled the Rhode Island Association to make a fine record of effort and results in its first year of work. Aside from the day to day service provided from the Association's office at Room 511, 109 Washington Street, and steady attention to the routine items outlined in the Plan of Work, special projects and events during this first year have included:

National Social Hygiene Day Observance

The new Association appropriately held its first big public meeting on February 6, 1946, proclaimed throughout the nation as National Social Hygiene Day. To emphasize service to young people, the speaker invited was Captain Rhoda J. Milliken, Chief of the Women's Division, Metropolitan Police Department, Washington, D. C., and her subject was *What a Trained Policewoman Can Do for Youth*. Two hundred and fifty persons attended this meeting, a luncheon session at the Hotel Narragansett.

Our First Annual Meeting

As this is written, plans are being completed for the celebration of our first anniversary. Invitations have been issued for a public dinner meeting to be held at the Hotel Narragansett on Friday

evening, October 25, when the Honorable Sanford Bates, Commissioner of Institutions, State of New Jersey, will speak on *The Perils of Peace*.

Other Meetings—a Speakers' Bureau

The Executive Director and Officers and Board members of the Association have participated in many meetings of state and community groups, giving talks, providing literature or otherwise cooperating. So many requests for speakers have been received that a speakers' bureau has been organized to supply personnel to groups wishing information. We have provided speakers for such groups as the Extension Service of Rhode Island State College, the Newport Council of Social Agencies, the Vocational Guidance and Personnel Association, the Providence Council of Jewish Women, the State Council of Women, and many others.

Community Committees

The general interest in the Association's program has naturally led to local interest and action. So far the state Association has assisted in setting up community committees in Newport, Warwick, Westerly and Woonsocket. The heads of these committees are invited to attend meetings of the state association's executive board.

A Public Lecture Course

On October 14, 1946, was given the first of eight evening lectures on *Youth and Marriage Today*, "a course designed to meet the question of a lasting and happy marriage in this unsettled world." The series is held at the auditorium of the Rhode Island School of Design, which is among the sponsors, others being Brown University, the Jewish Family and Children's Service, Pembroke College, Providence College, the Rhode Island Council of Churches, and the Young Men's and Young Women's Christian Associations. Dr. Hugh E. Kiene, RISHA President, is coordinator for the course, and topics and speakers, for consecutive Monday evenings through December 9, include:

The Status of the Family in Post War America. Analysis of the family as a cultural unit—impact of war and post war conditions on the family. James Lee Ellenwood, State Executive Secretary, Young Men's Christian Associations of New York State.

Love and Conduct in a Changing World. Changing social standards and their effect on youth's future and the family. Dr. Hornell Hart, Professor of Sociology, Duke University.

Courtship and Finding a Life Mate. Psychology of attraction and love; age to marry; means of predicting the happiness of a given match; engagement as marriage insurance; importance of a time of testing and preparation. Dr. Eduard C. Lindeman, Professor of Social Philosophy, New York School of Social Work.

Beginning Life Together. Wedding; honeymoon; start of married life; values and standards; working partnerships. Dr. Donald A. Laird, Former Teacher of Psychology, Colgate University and well known writer.

Some Barriers to a Happy Marriage. Cross currents in family life; juvenile delinquency; causes of failure; causes of broken homes. Hon. John J. Connolly, Presiding Justice of the Boston Juvenile Court.

The Psychiatric Approach to Adjustments in Marriage. Application of mental hygiene principles to marriage and family life; reasons for incompatibility; inter-family relationships. Lawson G. Lowrey, M.D., Assistant Clinical Professor of Psychiatry, College of Physicians and Surgeons, Columbia University.

The Role of the Physician in Preparing for Marriage. Premarital counseling; physical fitness; laws regulating marriage. Dr. John Rock, Research Associate in Gynecology and Obstetrics at Harvard Medical School.

Spiritual Values in Marriage. Wise rules for a happy marriage; avoiding pitfalls; achievement of enduring love; the successful culmination of married life. Rabbi Joshua Loth Liebman, Temple Israel, Boston. Author, *Peace of Mind*.

Each lecture will be followed by a half hour question period, based on written questions.

The cooperation throughout the State in regard to this course indicates the support that is being given to the Rhode Island Association's efforts: Boy Scouts distributed 20,000 leaflets and 300 posters calling attention to the course. The ninety American Legion posts displayed the course posters. The Junior League is providing ushers and is responsible for a block of 50 tickets.* With the personal approval and attention of the owner and Editor-in-Chief of the *Providence Journal*, a comprehensive description of the course in the form of a feature article† was published, followed by a half-column editorial. Reporters are being assigned to cover the course and special releases will appear in advance of each lecture.

A College Credit Course

Just beginning also is a Wednesday evening course on *Health and Human Relations*, sponsored jointly with the Rhode Island College of Education, to run for 20 successive weeks, and applicable for credit on Bachelor's and Master's degrees. Miss Mary D. Basso is serving as coordinator of this course, and a notable group of experts and authorities will discuss four groups of topics:

- I. *Sociological Aspects of the Family* (status of the family today; divorce; broken homes; maladjustment and discord).
- II. *Psychiatric Aspects of Inter-personal Relationships*
Understanding ourselves and others. Mental hygiene principles of adjustment applied to everyday living.

* The expense of the course, around \$2,200, is being financed by sale of course tickets at \$5.00 for the general public and \$3.50 for student tickets. Single admission is 75 cents.

† *Repair Work Needed: New Social Hygiene Association Starts It with Marriage Lectures for Youth.* Henry H. Smith, September 29, 1946. The editorial, entitled *Youth and Marriage*, appeared on October 6.

III. *Health Aspects*

Sexual promiscuity in the teen age group; problem of venereal diseases; sex problems of adolescence.

IV. *Community Aspects and Resources*

Juvenile delinquency; recreation; laws regarding minors; local resources.

Library and Public Information Service

One of the first efforts to enroll public interest and cooperation was through the compilation of a brief list of *Some Good Social Hygiene Books*, which was mimeographed and circulated widely. Later the state Association secured a special imprinted edition of the American Social Hygiene Association's *Social Hygiene Bookshelf for 1946*, which was substituted for the earlier list. An appropriation of \$150 enabled the purchase of a loan library at the Association's headquarters, and in cooperation with the Providence Public Library a special shelf has been set aside for a duplicate set of the books selected. A selection of social hygiene pamphlets is available for free distribution or for sale at cost.

Among the most popular are: *Dating Do's and Don'ts for Girls*. ASHA Pub. A-644. *Making Marriages Last*, by Ray H. Everett. ASHA Pub. A-615. *How Should You Tell Your Child About Sex*. ASHA Pub. No. A-164. *When Children Ask About Sex*. Child Study Association of America. *Petting—Wise or Otherwise?* by Edwin L. Clarke. Association Press. *Growing Up in the World Today*, by Emily V. Clapp. Massachusetts Society for Social Hygiene. *What Can I Do Now? A Handbook of Answers for Parents*. California Congress of Parents and Teachers.

A traveling exhibit to be shown with literature is available for meetings.

The National Social Work Publicity Council recently requested a selection of our materials for exhibit at its booth at the Annual Meeting of the American Public Health Association in Cleveland.

Newspaper and Radio Cooperation

The special article and editorial appearing in the *Providence Journal* are instances of the generous newspaper space given to the new society's plans and efforts from the first. This help is indispensable and greatly appreciated.

WPRO Radio Station has likewise been most generous with time. Spot announcements of coming events have been used regularly, and we have had three fifteen-minute broadcasts.

Youth Itself Cooperates

Another special instance of cooperation appeared in a project to secure an insignia to be used on stationery and publications of the Rhode Island Association. In cooperation with the Rhode Island School of Design a contest was held to select a suitable design. The Town Criers, a men's club, offered \$75 in prizes. Three winners were selected, and through cooperation of department stores the winning posters, enlarged and duplicated were exhibited in store windows.

PLANS FOR THE FUTURE

In addition to the regular schedule of library and public information service, speakers' bureau and other routine work, and the special courses on Youth and Marriage Today and Health and Human Relations just getting started, a number of special projects are planned for the coming year.

Social Hygiene Day—1947

For National Social Hygiene Day in February, 1947, a one-day institute on family life problems is planned, with seminars on such subjects as discipline, the pre-school child and his training, adolescent needs, et cetera. High point of the day is expected to be a luncheon meeting with a prominent authority on family life as speaker.

Also in observance of Social Hygiene Day we are planning a state-wide essay contest, open to all high-school students, on the subject *How Can Family Life Be Improved?* The service clubs of the state are being invited to contribute prizes for the winners of the contest in the form of expense-paid trips to Washington, D. C. Mrs. Robert F. Shepard supervises this project.

A Youth Council

Judge Francis J. McCabe of the Juvenile Court is cooperating with the Association in organizing a youth council to meet in his chambers for discussion of the problems facing our young people and what they think can be done about conditions.

Other projects are in process of planning.

FINANCES

The preliminaries of studying the need for and interest in establishing the Rhode Island Association were made possible through the generosity of the American Social Hygiene Association, which, in addition to the time of a field representative and other staff members, made available a small cash grant to help in getting under way. In May, 1946, the new Association's Finance Chairman, Mr. Bayard Ewing, submitted to the Executive Committee and Board of Directors a budget of \$7,000, for the year ending February, 1947. This was approved.

As a first step toward financing this budget, the Plan of Work was presented to the Rhode Island Foundation, which made a grant of \$2,000. The Consumers' League of Rhode Island rented us desk space at a nominal figure, and generously agreed for part time use of the League's Secretary.

Voluntary contributions are now being sought to finance the balance of the budget, with Mr. Ewing continuing as Finance Chairman. An appeal letter sent out in August to about 3,500 persons, over the signatures of Mr. Ewing, Dr. Hugh E. Kiene, president, and Curtis B. Brooks, treasurer, is to be followed up by personal interviews.

It is particularly desired to build a wide group of members throughout the state by means of three types of membership:

General membership, annual dues \$2.00
 Contributing membership, annual dues \$5.00
 Sustaining membership, annual dues \$10.00 or more.

All three membership classes entitle the holder to joint membership privileges in the American Social Hygiene Association, with receipt of the JOURNAL OF SOCIAL HYGIENE, the *Social Hygiene News* and other publications and materials.

A small folder has been prepared to describe the membership privileges and the aims and program of the Association. Mr. Frank Weston, head of an advertising agency, serves as chairman of our Publicity Committee.

SUMMARY AND CONCLUSIONS

At the close of this first year's work, the Officers and staff of the Rhode Island Association believe that a most encouraging record of success and progress can be claimed for the new social hygiene society. There is much interest, and it is growing. We have found no duplication of work by other agencies, but a good deal of opportunity to help them plan new programs directed toward youth and family needs. The broad objectives of the program seem to be generally approved. There has been a gratifying response to the efforts made, both from a professional and public point of view. This we believe is due to three things:

1. A sound plan, based on a popular appeal, to meet a real need.
2. Study of existing resources and regular use of them.
3. The active cooperation given by leading citizens and agencies.

Among the latter should be mentioned particularly the help given by the Consumers League of Rhode Island, and its chairman, Miss Alice W. Hunt, whose advice and encouragement have been invaluable.

Similar acknowledgment could justly be made to almost every one of the persons who make up the roster of Officers, Committee Chairmen, the Board of Directors, and the Honorary Board, as listed here. It has been a team job.

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INSIGNIA OF THE RHODE ISLAND SOCIAL HYGIENE ASSOCIATION



"THE WORLD GOES THE WAY
YOUTH FINALLY TAKES"

EDUCATION FOR RESPONSIBLE PARENTHOOD IN MISSISSIPPI

A STATE PROGRAM TO TRAIN CHILDREN AND YOUNG PEOPLE FOR
EMOTIONAL AND SOCIAL MATURITY, AS BEING CARRIED OUT BY
THE MISSISSIPPI SOCIAL HYGIENE ASSOCIATION

W. G. HOLLISTER, M.D.

*Senior Assistant Surgeon, United States Public Health Service
Mental Hygiene Division*

EDITOR'S NOTE: *Readers of the JOURNAL OF SOCIAL HYGIENE will recall Dr. Hollister's previous article on YOUTH-BUILDING IN JACKSON, MISSISSIPPI, published in the May, 1945, issue. The present article shows the state-wide application of some of the same principles and methods discussed in the former article, together with a broadening of scope and objectives which promises to have a definite influence on family and community life, not only within the State of Mississippi, but wherever Mississippians may go. For further information concerning this program and the materials used in it, please address SAMUEL T. ROBBINS, EXECUTIVE SECRETARY, MISSISSIPPI SOCIAL HYGIENE ASSOCIATION, JACKSON, MISSISSIPPI.*

When wartime delinquency began to be recognized as springing largely from parental neglect, rather than from any innate character-lack of youth themselves, Mississippi became aroused, and sought a remedy. Out of this grew a state-wide program for *Education for Responsible Parenthood*, which has been accepted and widely taken up by Mississippi parents, not only because it provides a better chance for them to fulfill their ideals of home-building, but because it seems to meet a deep-seated and long-felt need.

Serious minded adults had long realized that the pressures and temptations of modern-day living require a high level of maturity in youth, if they are to make wise decisions and choices. These parents realized, too, that responsible parenthood implies not only the development of the physical and mental maturity of the child, but includes as well the guidance of youth on toward emotional, social and spiritual maturity.

No armchair philosopher "dreamed up" this program. It arose out of the needs felt by parents themselves—needs experienced by youth workers, teachers and church leaders. A rising tide of insistent demand led the Mississippi State Board of Health and the State Department of Education to call together, in April, 1944, a representative group of parents, health, welfare, education, church, and group-work leaders to discuss these needs and explore possibilities of meeting the problem of better youth guidance in the home. This

first conference, planned as a half-day event, blossomed into an inspired meeting of minds that lasted for two full days, and at that was recognized as only a beginning. Out of the concern for youths' problems came demands for character education, parenthood courses, teaching of continence, mental and social hygiene, and other related programs to improve human behavior. Some wanted sex education, others rejected the term, and called for less biology and more information on controlling emotions and on social adjustment. One youth leader stated, "The roots of good behavior go beyond the fear of venereal disease. We want to teach our youth some positive, constructive reasons for better behavior." A teacher added, "We've got to go beyond just telling children to be good. We must give them some solid information about the social and emotional problems they will meet. Ideals must be supplemented with good social information and built-in emotional stability." In defense of the home, one mother remarked, "We're supposed to guide our children's behavior and make adults out of them, but nobody has ever told us how to do it. Not until our schools begin to teach us how to be parents will we be able to do the job we want to do."

Out of the demands and ideas expressed in this conference rose plans to build a program whose purpose would be to "help parents guide their children to a state of emotional and social maturity that will better prepare them for the vital adjustments of courtship, marriage, and parenthood." The statement of purpose evolved ended with this dedication:

"We sincerely hope that the information this program provides, coupled with the traditionally high ideals of our Mississippi people, will enable more parents to build stronger homes, deeper family life, and a sound, high-minded youth for the future of Mississippi."

The original conference immediately visualized two main fields of endeavor. First, a short-range program to provide information of the above character to the grown youth and parents of today; second, a long-range program to build into the school curriculum those materials that would produce a more mature school graduate, better prepared for adult and parental responsibility. It was foreseen that a program of education among the parents of today would prepare the way for insertion of such teaching into the schools by developing community understanding and desire for pre-parenthood education in the schools. It was felt that when every school child came to receive this training for life as a part of his schooling, a general improvement in parenthood responsibility would take place in the population.

The original conference and the committee meetings that followed also laid down some important limitations and directions that have proven themselves valuable:

A. The approach to building mature behavior must be on a broad basis. The present overemphasis on biological facts must give way to overall instruction on the mental, emotional, social, physical, and spiritual backgrounds for well-adjusted conduct.

B. Because of the wide-spread public misunderstanding of the term "sex education," it was suggested that this term not be associated with the program.

C. It was determined that discussion of birth control, marriage techniques and undue emphasis on the horrors of venereal disease had *no* place in the program.

D. The serious and broad implications of the relationships between men and women led to the decision never again to be guilty of "one night stands" on the "facts of life." It was felt that "sex lectures" produced an incomplete, distorted picture of adult living, and that human relationships education merited the time and effort of the more lengthy study-group process.

Last, but not least, the conference members set forth the requirement that the materials developed for this program be cast in simple, direct non-technical language so that the materials would be useful and meaningful to the average Mississippi family. Those developing the materials were indirectly charged with the responsibility of simplifying technical resource literature, with a minimum of distortion, selecting the practical principles out of detailed discussions, and expressing these findings in everyday language. As one committee member remarked, "Of what good will all this high-termed wisdom be, buried in books of psychiatry and sociology, unless it can be put into action in the average American home."

I.

THE SHORT RANGE PROGRAM

With these principles as foundation, various interested committees set to work to prepare materials and develop techniques of presentation. The committee on the "short range program," charged with the responsibility of developing study-group courses for youth groups and for parents' groups, ran immediately into the problem of "Who will lead these study groups?" It was recognized that the leadership of study-groups in communities scattered over a large state would soon involve the full-time services of several persons. Unfortunately such service was not possible for members of the limited staffs of the State Departments of Education and Health. Since no funds were available to employ additional staff to serve as discussion leaders, the committee decided to turn to local leadership. This decision, made from necessity, has so directed the program into practical lines that much of its success to date rests here. Again, there was the practical angle, "If we can't simplify our message down to the point where the intelligent people in our communities can repeat it, we have no hope of having it understood in the average Mississippi home. This is not a psychiatric guidance program requiring a crew of medically trained personnel to rove the state. This must be a common sense collection of facts and ideas on which to build better home life and parenthood."

Once committed to the decision to use local leadership, the short range committee set out to find such leadership and to organize a training plan. The committee soon found out that welfare workers, church leaders, teachers, group workers, nurses, or parents were ready and eager to help in their own communities. In fact, as these individuals have come in for training it has been surprising to learn how many of them had already tried to do something in this field and were hungry for training and materials. Promotion of the program through local groups, and asking for selection of local "discussion leaders" on the basis of 1. maturity, 2. willingness to study and read, and, 3. willingness to serve, has ensured the appearance for training of a high caliber of discussion leaders. Through the invaluable support of the State departments of Health, Welfare, and Education, as well as of the State Young Women's Christian Association, Young Men's Christian Association, Parent Teacher Associations and other civic groups, many local leaders of good standing have been trained.

To train the discussion leaders, the committee called together a "training course faculty" consisting of a psychiatrist, a psychiatric social worker, a medical social worker, two maternal and child health medical consultants, four school educators, two health educators and some professional group work leaders. These persons were asked to contribute materials to the program and to participate in the development of a training course set up at a lay level. Realizing that new methods and gradations of material had to be developed, the committee launched a series of trial institutes to permit the faculty to complete techniques of training lay leaders. In the first four-day trial course the student body was packed with professional health and education personnel who were requested to criticize closely the information given and the procedure used. Along with them sat some "guinea-pig" lay leaders to act as a test group. Each session was followed by suggestions from the students and at the end of the course, the test group of lay leaders were asked to repeat certain sections of the material presented as they would plan to present it to youth or parents back home. To the pleasant surprise of the critics it was found that the materials were well understood and aptly applied to local group discussion situations. The committee of critics appointed to summarize the results turned in the verdict, "This course fully demonstrated that lay people can be taught adequately to present 'responsible parenthood' materials."

Two more trial courses, one with health educators, and another with home economics teachers, were held to test the materials and perfect the presentation. As a result of this procedure in developing and modifying the course, a *Training Course for Discussion Leaders in Education for Responsible Parenthood* has been developed. This three day course, with a faculty of ten, is now conducted semi-annually in Jackson, Mississippi. By July 1946, 104 local leaders had graduated from its five sessions and had conducted over sixty-eight known study groups. Twenty-two of these trainees were out-

of-State people who visited the course to carry materials back to their homes, ranging from Manitoba, Canada, to Puerto Rico.

The training course presents methods of conducting two types of discussion groups: 1. an outline for adult discussion on *Responsible Parenthood*, and 2. an outline for a discussion group with youth which is designated as *Growing Up* or *Becoming an Adult*. The course, limited to groups not larger than thirty, begins with a discussion of the history and principles of the program, which is followed by a discussion of community approach techniques and a model talk which can be used to sell the program to a local group. After this, the trainees receive background materials in the field of *Emotional Growth*, *Parenthood Facts* and *Social Adjustment of Youth* which prepare them to present the three main components of each discussion group.

1. *How We Grow Up Emotionally.*
2. *Understanding Parenthood Facts*
(the biological facts in social interpretation).
3. *Social Growth in Adolescence.*

The course then resolves into a series of clinics in which the trainee discussion leaders learn to articulate the facts and to gain experience in using the information they have received. A "round robin" of practice in answering *Children's Sex Questions* soon desensitizes the group and almost inevitably leads to free discussion on answering the problem questions taken from a list of questions actually asked by adolescents. Thus, the course turns into an informal clinic, with the students formulating answers keyed either for youth or adapted for parental understanding, under the guidance of the faculty. It is this verbalization, participation, and practice in meeting actual situations that best serves to build the inner security and poise needed by the future discussion leaders.

The clinics are followed by discussion of techniques of presenting both the youth and the adult course. The training course closes with practice sessions duplicating various aspects (parts) of the leadership procedures and the discussion leaders go home advised to do certain supplementary reading. They are also admonished not to be exploited as one-time speakers but to reserve themselves for conduct of study-groups with those seriously interested. They are expected and prepared to make a report to their sponsoring group and to ask that their sponsoring group or committee continue to guide and support them, as well as promote the organization of a study-group. This adroitly avoids necessity for the "discussion leader" having to promote himself or herself and places him or her in the position of a resource person to any local group that organizes a study-group. Leaders are warned not to set themselves up as lecturers or personal counselors, but only as discussion leaders for groups willing to *discuss*, *read*, and *attend* every session 100 per cent. Trainees in the same area are urged to team up and help one another, and a list of traveling personnel of the State departments of Health, Welfare, and Education, who are trained and will

help for a session or two, is given each one. In addition to this mutual help, the library of the State Board of Health stands ready to ship them, without expense, a small library for discussion group use, as well as a generous supply of Kits containing course outlines and pertinent readings to be placed in the hands of each member of the discussion group. With this literature, this help from a state level, and this training, the average discussion leader is sufficiently buttressed and prepared to conduct a discussion group in the local setting.

II.

THE "LONG RANGE" PROGRAM

The long range program to include *Education for Responsible Parenthood* in the schools of necessity has matured more slowly. The committee on this program visualized the need for both pre-service and in-service training of teachers. It was realized that the teachers' training colleges could not begin to prepare pre-service teachers to insert mental and emotional hygiene materials and pre-parenthood information into their schools before their future communities were prepared to accept and desire such teaching. It was hoped that the indirect promotion of the program, through its "short range" aspect, would result in local parent-teacher associations and other groups calling the attention of their school boards to the program. This, in fact, has occurred in several Mississippi city school systems and resulted in approaches by these school systems and requests for in-service training or lectures for their faculties.

Another avenue of approach developed, however, and soon proved to be the main channel of effort. In the summer of 1945, the coordinated School Health Service of the State departments of Health and Education conducted a series of school health workshops for teachers through the administrative channels of the graduate schools of the State College and State University. Several members of the volunteer leadership group carrying on the "short range" program, were invited to present *Education for Responsible Parenthood* materials at these workshops and the teacher students in the workshops were given freedom of choice to study the health problems that most concerned them. When the material on the social, mental and emotional health of children was introduced in the workshops, over one-third of students declared this field to contain their major health-related teaching problems. So many teachers seized their workshop opportunity in this field that the consultant personnel and literature resources available were overwhelmed and became inadequate to meet the great interest that was manifest. Learning from this experience that teachers were concerned and needed a high level of guidance, competent not only in the technical aspects of the information but also versed in school administration and pedagogical technique, plans were laid to expand the library resources and to call in national consultants, with school experience, to guide this aspect of the program.

The call issued to the United States Public Health Service, the United States Office of Education, the American Social Hygiene Association, and other national and state organizations, in related fields, resulted in contributions of literature, working plans of other programs and, best of all, personal visits by consultants. Visits to the state by Dr. Eva F. Dodge, Dr. Lester A. Kirkendall, Dr. Mabel G. Leshner and others helped the local educators and health personnel to formulate a more specific outline of the long range program for the school. As the result of this broader foundation and this technical assistance, during the Spring of 1946 in-service training courses were held for both the elementary and the secondary teachers in the school systems of two of Mississippi's major cities. Besides emotional, mental and social hygiene background materials and considerable time devoted to outlining and evaluating the problems of growing up, as seen from youth's own viewpoint, the teachers were made acquainted with the philosophy of integrating these materials into every established course in school, as preferable to erecting new courses. The teaching of professional conduct in commercial courses, economic responsibilities in mathematics, the standards of mature conduct in literature, and the legal and social responsibilities of adulthood and parenthood and in civics and history was suggested. The secondary schools were urged further to capitalize on the obvious opportunities to study family life and parenthood facts in courses on biology, home economics, and health and physical education. The possibilities of the elementary school in developing wholesome attitudes, forming good habits, and providing basic information on social adjustment were portrayed through demonstration of the way play-life dramas, study units on desirable personality and social traits, home-centered art and reading projects, and other devices can be used in personality building. In substance, the school faculties were shown that many of the existing units in their present curriculum can be converted into vital components of a school-wide plan of building toward maturity of personality, if each teacher will instill a new philosophy into her presentation and interpretation, and add a new emphasis. By recasting the present curricular units in the light of their effect on emotional and social growth, the public school education program can go beyond merely training the mind, and into the realm of preparing the child for a fuller and more significant living experience.

These in-service courses for teachers were followed up by personal interviews with each teacher. The practical possibilities of integrating materials into the particular class room were discussed. The text books now in use, the teaching load, the age and major interests of the students, as well as the personality assets of the teacher were evaluated. As a result of the data collected in these interviews, actual plans for integration are being written and prepared for each teacher, specifically to fit her problems, her text books, her particular course. Out of this process is growing a library of practical adaptations to actual schoolrooms which will be an invaluable resource as the program moves on to other schools. The prepa-

ration of some of this integration material has now become the project of the second summer health workshops of the State University which this year are more thoroughly supplied with literature resources and are directed by a full time educator. Plans already in process call for extension of in-service training, into several other school systems and the start of pre-service training of teachers in a demonstration school of a teachers college.

III.

THE FUTURE

Mississippi's *Education for Responsible Parenthood* plan has grown so rapidly in its two years of life that it has outstripped the capacity of its volunteer leadership to conduct it. As result of this growth and the need for educationally trained leadership to administer the long-range aspect, the need for a full-time staff has been recognized. Since legislative funds were not available to official State Departments for such a program, it became necessary to seek voluntary support. With the excellent help of the American Social Hygiene Association, plans were laid to reconvene and reorganize the Mississippi Social Hygiene Association for the major purpose of carrying forward this program with a full-time paid staff. Through a series of community institutes, organizational meetings and a climactic statewide conference, called by the governor, the leadership of the State has been rallied to establish a permanent program. Health Education, Welfare, Churches, Parent Teacher Associations, Young Women's Christian Association, Young Men's Christian Association, and other church and civic groups have joined hands to constitute the revitalized Mississippi Social Hygiene Association, and to inaugurate a campaign to finance the organization and to employ a full-time educator.

Thus, a need latent in every Mississippi home has become an activated cause. Through the medium of community study groups and revitalized school curricula, more and more Mississippi youth and parents can really come to know how to build the emotional and social maturity so fundamental to responsible parenthood and successful family life.

IN MEMORIAM

TRIBUTES TO SOCIAL HYGIENE PIONEERS

Within the past few months social hygiene has suffered the loss of several well known and sorely missed pioneer workers, through death. The JOURNAL regretfully records their passing, with some of the tributes paid to these loyal friends.

. . .

Mrs. Gertrude Robinson Luce, a member of the Association's staff since its organization in 1913, and at the time of her retirement in 1945 ASHA assistant secretary, died suddenly on August 9 in North Orange, Massachusetts. The loyal devotion shown by Mrs. Luce during her more than 33 years of capable service set a mark for all time for all who have had the privilege of knowing and working with her. In her usual health and busy as always, she passed away while writing at her desk. Services were held on August 11 at North Orange, and burial occurred the next day at her old home in Portland, Maine. She was seventy-six years old.

At a meeting of the Association's Board of Directors in Washington, D. C., on September 20, the following resolution was presented by the Honorable Alan Johnstone, and was adopted, with a silent toast to Mrs. Luce:

The oldest living representative in point of continued service of the founders of the American Social Hygiene Association died in North Orange, Massachusetts, on Friday, August 9, 1946.

Gertrude R. Luce, who was associated with Dr. Prince Morrow of the Society for Sanitary and Moral Prophylaxis, came to the Association with him and his associates Charles W. Eliot and others when it was chartered in 1914. She brought with her a well integrated body of conviction, a full fund of information and a spirit apt to the interpretation of both. During her continuous service with the Association for the next thirty years she preserved and improved in her secretarial service, and her editorial work, her pervading interest in all phases of activities of the Association, and in the people who served it. She made for herself a unique position in a movement whose influence reached to the four corners of the North American continent and made its impression in the four corners of the earth. Her life and her service prove that there are no limits to the influence of a good life and of unselfish service.

IT IS RESOLVED by the Board of Directors of the American Social Hygiene Association that in this recognition of the contribution made to its work by Gertrude R. Luce it does honor to itself and will seek to preserve to its members and to those who come after them the fruits and the spirit of her effort while living and of her memory after death.

. . .

Dr. Donald R. Hooker, former secretary of the Association and a member of the Board of Directors, died in his home city of Baltimore on August first. He was associate professor of physiology at Johns Hopkins Medical School but resigned his teaching duties

some time ago to devote himself to research and to editing *The American Journal of Physiology* and *The Physiological Review*. He was a founder of the latter publication in 1921. His guidance and cooperation in the national social hygiene program and in his home city and state during the early years of these efforts were of great value. He was seventy years old.

The *Baltimore Sun* of August 3, in reviewing Dr. Hooker's career as a scientist and citizen, said:

Through the years Dr. Hooker was interested especially in providing healthful recreation for the young and in ridding the city of the causes of social diseases. In 1911 he created particular attention when he read before the City-wide Congress a paper on *The Social Evil*, in which he contended there were 296 disorderly houses in Baltimore, containing 1,184 persons. As a result of this paper the Congress adopted a resolution calling on the Mayor and City Council to study the situation and publish the names of the owners of disorderly houses. . . . As acting chairman of a Citizen's Committee on vice, Dr. Hooker appeared before the grand jury in 1938. He had with him a detailed report on conditions in cabarets, saloons, disorderly houses and the like. He was before the jurors for 45 minutes. In 1939 Dr. Hooker was appointed to a Recreation Commission delegated to set up a municipal recreation department. . . . More than 30 years ago he and Mrs. Hooker founded the Roosevelt Recreation Center, in which they took a continuing interest. In 1941 they gave the City \$2,500 to establish a recreational center for Negroes.

Dr. Ernest R. Groves, Professor of Sociology at the University of North Carolina, died at Arlington, Massachusetts, on August 28, after a short illness. As teacher, author of numerous books on marriage and family life, a member of the Association's National Education Committee, and President of the National Conference of Family Relations, his contribution to the broad social hygiene program was a valuable one.

The *New York Times* of August 30, commenting on Dr. Groves' distinguished career, said:

Dr. Groves taught the world's first college class in marriage in 1925. Nine years later he founded the annual conferences on Conservation of Marriage and the Family at the University of North Carolina. He urged courses on marriage for all schools, holding that wider knowledge and training on the subject would cut the divorce rate.

"Education for marriage will be a commonplace in ten years," he declared in 1934, "because of the impatience with marriage failures and the positive interest of young people in the subject."

Dr. Groves contended that modern marriage had lost the basis in utility that it had held all through history and that consequently the ministry must make every effort to defend and support it. In 1939 he inaugurated a new three-year course in sociology in which, for the first time, the medical background for marriage was included.

In his book, *Marriage*, which was published in 1933, Dr. Groves opposed common-law marriage, ceremonious weddings, long wedding trips, punitive parents and thoughtless husbands. He pointed out that a good many modern marriages went on the rocks because young folk approached matrimony in a daze of foolish romance. In 1937 he wrote *The American Woman*, in which he made a highly individualistic study of our women and their progress in the various eras of the nation.

Among his other books were *The Marriage Crisis*, *Parents and Children*, and *The American Family*.

Dr. Edward Godfrey Huber, Professor of Public Health Practice and Associate Dean of the Harvard School of Public Health, died suddenly on July 23 in his office, at the age of 64. A colleague contributes the following:

Born in Menomonie, Wisconsin, Dr. Huber took his medical degree at the University of Michigan, and after a short period in private practice, joined the Regular Army Medical Corps, serving in the Philippines before World War I and rising to the rank of Colonel. During his Army service, he distinguished himself as a hospital administrator and public health executive, and earned degrees, *cum laude*, of Master of Public Health and Doctor of Public Health at Harvard University. He was also awarded the Wellcome Prize and Gold Medal for a dissertation on child health and development.

On retirement from the Army in 1935, Dr. Huber joined the staff of the Massachusetts State Health Department and became an instructor on the faculty of the Harvard School of Public Health. Promoted through all of the traditional stages to the position of Professor of Public Health Practice, he eventually became Acting Dean. In the latter position, with the support of President James Bryant Conant, he worked untiringly to bring about the reorganization of the School and a substantial increase in its funds, personnel and facilities. He had the great satisfaction of witnessing the accomplishment of his designs, including in 1946 the appointment of Brigadier General James Stevens Simmons, one of the most distinguished leaders in preventive medicine and public health at the present time, as Dean. A heartwarming testimonial dinner was given to Dr. Huber in May, 1946, at which time his colleagues in the Army, the Massachusetts State Department of Health and Harvard University joined with a large number of past and present students to pay tribute to their friend, teacher and leader. He thus knew that his work was appreciated.

Dr. Huber, with early support from Professor Hans Zinsser, provided opportunity for development at the Harvard School of a course on the medical and public health aspects of venereal disease control, which has proved valuable and influential not only in the United States, but also abroad since the School draws brilliant young medical men and women from all parts of the world. Dr. Huber secured the appointment, first as a lecturer and in 1943 as clinical professor, of Dr. Walter Clarke, Executive Director of the American Social Hygiene Association, and gave him strong and constant cooperation in developing this course.

Dr. Huber is survived by his wife, Mrs. Frances M. Huber, and his daughter, Miss Lucille Huber. They and the multitude of Dr. Huber's friends have the satisfaction of knowing that he lived an unusually robust and productive life, saw the accomplishment of his most cherished ambitions and died in action "with his boots on" as a good soldier would prefer.

In the April issue of the JOURNAL brief mention was made of the death, on March 17, 1946, at La Jolla, California, of Dr. Rachelle S. Yarros. Since that time two communications concerning her which deserve space here have been received. Dr. Edward L. Keyes, himself a pioneer in social hygiene and currently the Association's Honorary President, writes:

I am old enough to know what her support meant to us in Chicago at the beginning. There was a fire of sanctity in her understanding of the sexual relation and the ecstasy of its sublimation in marriage, and

there was the fire of battle in the eye she cast on the cynics of social hygiene.

I first met her at a meeting where she complimented me on the force of my remarks from the platform and then went right on to criticize the vulgarity (I seem to remember the word) of some of the phrases I had used—ending with a little homily on ill-placed levity.

Nowadays one hears that youth is beauty, beauty youth. Hers was a riper enthusiasm. She held with Keats that truth is beauty, beauty truth, and burned her life out at that altar. She gave no thought, that first day, to the picture she made, bristling there in an emptying hall, the deep lines in her face, the deep fire in her eye.

She had all it takes to make a friend, curiosity and candor. What little guile she had she used to further the equally desperate causes of Hull House and the Illinois Social Hygiene League. Always she was at the battle-front and let others care for the luggage.

I, personally, thank Rachelle Yarros for having lived, for having worked her life through at Hull House, for having been a frontier champion of social hygiene, for having admitted me to the radiance of her friendship.

Victor S. Yarros, Dr. Yarros' husband, has given us the privilege of reading the final chapter of her autobiography, which he fittingly describes as "a remarkable testament." Lack of space forbids publication in full, but the closing paragraphs may serve as a citation on the life of a gallant fighter, as well as her challenge to those who carry on:

. . . The physician is also a citizen, a voter, a member of civic organizations. He should not be ignorant of economics, of political science, of history, of philosophical ethics, of literature. The enlightened, socially-minded doctor will sympathize with labor, with victims of exploitation and industrial autoeracy, with the juvenile and adult delinquents who are the product of slums and blighted, ugly, depressing districts. He will work and fight for ripe and genuine reforms.

Isolationism is as impossible and unsafe within the modern nation as it is in the field of international relations. The ivory tower makes poor scientists and poor artists. The specialist need not be a specialist twenty-four hours a day. He can and should find time and energy for the mass-meeting, the forum, the discussion group, the neighborhood improvement association. If we want progress in social and political affairs, we must *all* work for it. Even a philosopher or a major poet should devote some time to what is called social work or civic and political reform. This will make him a better philosopher or a better poet. The doctrinaire is futile, the fanatic is dangerous. There is work for all of us in this far from perfect world. To do good work, we must be human and humane, first of all. Without goodwill, science is more destructive than constructive.

"We live in deeds, not years; in
thoughts, not breaths;
In feelings, not in figures on a dial.
We should count time by heart-throbs.
He most lives
Who thinks most—feels the noblest
—acts the best.
Life's but a means unto an end; that end
Beginning, mean, and end to all things
—God."

PHILIP JAMES BAILEY

NATIONAL EVENTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

American Public Health Association Annual Meeting.—The 74th annual meeting of the American Public Health Association will be held in Cleveland November 12-14.

Dr. Walter Clarke, Executive Director of the ASHA, and Dr. John W. Ferree, Director, ASHA Division of Education and Special Problems, will attend.

In addition to the large technical exhibit, space is reserved this year for scientific exhibits. The motion picture theater will be in continuous operation with Mr. Thomas Stowell in charge of showing over fifty health films.

Health Education and Publicity Headquarters will be conducted under the auspices of the National Publicity Council for Health and Welfare Services, Mrs. Sallie Bright, Director.

A feature of the program of the section on Epidemiology is a paper on *Control of Venereal Diseases in Germany*, by Major General M. C. Stayer (M.C.) and William A. Brumfield, Jr., M.D.

American Education Week.—Education for the Atomic Age is the theme of American Education Week, announced for November 10-16, 1946. Special attention is called to the tasks which schools are faced with today and the opportunities for schools and colleges through the United Nations Educational, Scientific and Cultural Organization. Joint sponsors are the National Education Association, the United States Office of Education, the American Legion, and the National Congress of Parents and Teachers. In the week's program, with each day emphasizing a different aspect of education, the suggested topic for Thursday, November 14, is *Strengthening Home Life*. For materials and information concerning the program, address the National Education Association, 1201 16th St. N.W., Washington, D. C.

American Library Association Conference.—About 2500 delegates attended the annual American Library Association Conference held in Buffalo June 16-22. Miss Mary U. Rothrock, of Tennessee, was elected president of the Association to succeed Mr. Ralph A. Ulveling. A group of twenty-five librarians from other countries attended the conference.

American Medical Association Meeting.—The first postwar meeting of the American Medical Association was held in San Francisco July 1-5. Dr. H. H. Shoulders, of Nashville, is the new president, succeeding Dr. Roger I. Lee, of Boston. Dr. Olin R. West, of

Chicago, is the new president-elect. Dr. West recently retired as National Secretary and General Manager of the American Medical Association after twenty-four years in office, and has been succeeded by Dr. George F. Lull.

National Federation of Business and Professional Women's Clubs Meets.—At the eighth biennial convention of the National Federation of Business and Professional Women's Clubs, Miss Sally Butler of Indianapolis was elected President to succeed Miss Margaret A. Hickey of St. Louis. The convention was held July 7-12 in Cleveland.

National Education Association Conference.—Mrs. Pearl A. Wanamaker, Superintendent of Public Instruction, State of Washington, was elected president of the National Education Association for 1946-47 at the 84th annual meeting held in Buffalo July 3-5. Delegates from every part of the country, Alaska, Hawaii, and Puerto Rico attended the Conference.

National Society for Medical Research Organized.—Recently a clearing house for information on medical studies and discoveries, the National Society for Medical Research, was organized under the sponsorship of the Association of American Medical Colleges with the cooperation of 101 national scientific organizations. Dr. Anton J. Carlson, President of the National Society for Medical Research and Professor Emeritus of Physiology at the University of Chicago, has announced the establishment of the Society's headquarters office at 25 East Washington Street, Chicago, Illinois. Ralph A. Rohweder, 1946 President of the Chicago Junior Association of Commerce and former consultant and editor for the National Safety Council, has been appointed Executive Secretary.

New Chairmen for National Congress of Parents and Teachers Appointed.—Among the new chairmen appointed to various committees of the National Congress of Parents and Teachers, as announced by Mrs. L. W. Hughes, the new president elected last May, are: *Committee on Home and Family Life*, Dr. A. Pauline Sanders, Chief, Home Economics Education, State Department of Public Instruction, Harrisburg, Penna.; *Committee on Juvenile Protection*, Mrs. Joseph W. Eshelman, Birmingham, Ala.; *Committee on Legislation*, Mrs. Stanley G. Cook, Indian Head, Md.; *Committee on Parent Education*, Dr. Ralph H. Ojemann, Iowa Child Welfare Research Station, University of Iowa, Iowa City, Iowa; *Committee on Social Hygiene*, Mrs. Charles D. Center, College Park, Ga. Mrs. Center is well known to social hygiene workers, as secretary of the Georgia Social Hygiene Council for some years past. She has also long been active in PTA work, serving as chairman of the Committee on Programs most recently.

Veterans Community Advisory Centers.—An estimated 2700 Veterans' Community Advisory Centers are in operation in all parts of the country, according to the July 11 *Bulletin* of the Division

of Public Information of the Retraining and Reemployment Administration. Veterans, displaced war workers, and all other residents of a community can go to these centers for vitally needed information. The Retraining and Reemployment Administration has recently issued its mimeographed manual on organization and operation of Community Advisory Centers in an attractive, printed booklet which may be secured on request to the Retraining and Reemployment Administration, 700 Federal Trade Commission Building, Washington 25, D. C. For other details of program and objectives, see April, 1946, JOURNAL, page 207.

Nursing Organizations Hold Biennial Convention.—12,000 nurses attended the 14th Biennial Nurses Convention, held in Atlantic City from September 23-27 by the American Nurses Association, the National League of Nursing Education, and the National Organization for Public Health Nursing.

April 20-26, 1947, is the date scheduled for Public Health Nursing Week, instead of April 7-13, according to the August issue of *Public Health Nursing*. The move was made in order to avoid possible conflict with school vacations and other national observances.

Negro Insurance Association Adopts Social Hygiene Resolution.—At the annual conference of the Negro United Insurance Association, held in the Harlem District of New York City July 9-12, the following resolution, presented by the Harlem Council on Social Hygiene, Inc., was unanimously adopted by the 61 Negro insurance companies and the ten regional Associations comprising the UNIA:

“Because the venereal disease problem is a major health hazard to the American Negro; and because we are vitally interested in seeing this menace eradicated, be it therefore

“RESOLVED that the United Negro Insurance Association in convention assembled, New York City, July 9-12 endorse local and national social hygiene programs and actively support them in their home communities.”

During the conference the Harlem Council took opportunity, reports Roger F. Gordon, Executive Secretary, to present a social hygiene education program by displaying its mobile exhibit in the hallway of Public School 136 where the conference was held and by distributing 1,500 pieces of literature and 5,000 educational match books to the delegates.

Current Events and Dates Ahead

November 10-16	American Education Week.
November 11-16	74th Annual Meeting of American Public Health Association. Cleveland
November 13-16	11th Annual Convention of the National Council of Negro Washington Women.
November 28- December 25	National Tuberculosis Association Annual Christmas Seal Sale.
December 3-6	Biennial Meeting of Federal Council of Churches of Christ Seattle in America.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

Division of Community Service, American Social Hygiene Association

California: Stockton Junior College Offers Course on "Service to the Postwar World."—Designed to help the student to discover how he can be of maximum service to his fellow men, Stockton Junior College is offering during the college year of 1946-1947 a course on *Service to the Post-War World*, dealing with the history, aims, and functions of significant secular and religious agencies established to meet postwar problems. More specifically the course is aimed toward giving the student ability to think his way through to an acceptance of some form of social responsibility, whether as a part-time volunteer or full-time professional worker. The course will include one unit of laboratory work per week.

The college is interested in accumulating information pertaining to new developments and welfare fields and to new outlets for student part-time or summer field work.

Connecticut TB Assn. Issues Sixth Annual Report.—The very attractive report of this Association for the fiscal year April 1, 1945-March 31, 1946 contains a comprehensive account of an active social hygiene program. Reference is made to the plan of the Committee on Social Hygiene Information to enlarge the present Committee to include civic, welfare, labor, law enforcement and parent-teacher groups. Several new projects are outlined including an institute on social hygiene for in-service training of nurses, teachers, and other professional personnel, and sponsorship of home study courses on social hygiene guidance.

District of Columbia Metropolitan Health and Hospital Survey Releases Report.—Report of the study of health and hospital facilities sponsored by the Metropolitan Health Council during the past year under the direction of Prof. C.-E. A. Winslow and Prof. Ira V. Hiscock, of Yale University, and Dr. Claude W. Munger, St. Luke's Hospital, N. Y., was completed in April. *Chapter Four* of the report deals with the venereal diseases, based on a study by Dr. Walter Clarke, ASHA Executive Director, and reviewed by representatives of the District Social Hygiene Society and the District Department of Health, and gives a summary of major findings and recommendations as follows: *

* The surveyors also make the comment "the Society has done excellent work on a small budget." An instance of the Society's services is seen in its sponsorship of the August 22nd issue of the *Washington Microscope*, a four page printed publication, published by L. William Gillett, 1304 First St., Washington 5, D. C., for the information of group presidents. Under the title of *Venereal Disease in the Washington Area* the facts revealed by the survey are summarized and a variety of additional source material presented in brief factual form.

"1. In general, the venereal disease program of the District and of the adjacent areas has made substantial progress in recent years and has attained a high level, except in two of the more rural counties. Good cooperation is maintained between the health department of the District, the local hospitals which operate clinics, and the health departments of the adjacent areas.

"2. The laws and regulations under which the venereal disease program is carried forward in the District of Columbia are in many respects faulty and incomplete. It is our belief that administrative detail should be left for formulation in the form of regulations framed by the District Commissioners. The Congress should, however, be urged to provide certain important background legislation including the requirement of premarital and prenatal examinations for syphilis, the requirement that sex offenders be referred to the health department, and a complete revision of the laws regulating prostitution. Meanwhile, the Commissioners should undertake a revision of its own regulations, to cover various points brought out in Dr. Clarke's report.

"3. We recommend the continuance of an active advisory committee on venereal disease control. Such a committee should represent the various professions involved and the various agencies concerned (such as hospitals and the local Social Hygiene Society), with representatives of the general public. The head of the Bureau of Venereal Diseases might serve as its secretary and should consult it in regard to important problems and policies.

"4. One of the functions of such a committee might be to study the operation of hospital clinics in the venereal disease field and to devise means for the improvement and coordination of such services.

"5. Special efforts should be made to stimulate reporting of syphilis and gonorrhea by private physicians and cooperation by such physicians in the general community program. This end can primarily be furthered by more extensive service rendered by the health department to the private practitioner in respect to diagnosis, treatments, follow-up and education (as indicated more fully in Dr. Clarke's report).

"6. In the District—and particularly in the adjacent areas—we would urge the importance of greater emphasis on the reporting and penicillin treatment of gonorrhea. This disease is of great importance in itself. It is also of importance in the syphilis program, since the follow-up of cases of gonorrhea often yields prompt evidence as to potential sources of infection from both diseases.

"In general, the venereal disease program should be based on a vigorous and continuous epidemiological approach since gonorrhea and syphilis occur not as diffused social disorders but rather as small localized epidemics due to individual foci of infection.

"7. We believe it highly desirable to obtain for the Social Hygiene Society of the District of Columbia funds for developing an intensive program of education in regard to venereal disease among the Negro people of the District.

"8. It seems desirable that, as promptly as circumstances permit, the clinic service for venereal diseases in Arlington be turned over to the health department, freeing the funds of the Arlington Social Hygiene Society for the more normal activities of such a group.

"9. In venereal disease control—as in other fields of public health discussed in this report—the need for increased personnel in the health departments of Fairfax and Prince George's counties is obvious and urgent.

"10. In all the areas studied there is room for much more active stress upon health education in connection with the official program of venereal disease control.

"11. A prenatal examination law would be a most desirable addition to the health legislation of Virginia, and both prenatal and premarital examination laws are lacking in Maryland.

"12. It would be of very real value in venereal disease control—as in many other aspects of public health program—to reactivate the Metropolitan Health Officers' Association for discussion of their common problems and the formulation of programs for cooperative action.

"13. In place of the present voluntary associations for promotion of social hygiene in the District and in Arlington, with no such organization in the other four areas, we suggest the formation of a single society of broader scope operated for the metropolitan area as a whole."

Georgia Searches Out Syphilis and Increases Treatment Facilities.—An interesting account of an intensive venereal disease control program is given in the June issue of *Georgia's Health*, publication of the Georgia State Department of Health. It is pointed out that until more permanent measures can be achieved treatment is the most practical means of venereal disease control. To be treated however, syphilis must be found and the mass blood-testing surveys have proved to be the most efficient means for locating infection. The mass blood-testing survey held in Savannah during a 45 day period last year revealed 12,420 cases of syphilis among the 71,149 examined. In a similar survey just concluded in Columbus, more than 52,000 have been tested. The joint program for chest x-rays and blood testing is proving most effective.

The sanatorium at Alto, Georgia, has been converted into a rapid-treatment center with accommodations for 600 patients. The centers at Augusta and Savannah which hospitalize an average of 428 patients are to close, with patients transferred to Alto.

Maryland: Baltimore Health Department Names New Appointees.—Dr. Huntington Williams, Baltimore Health Commissioner, has announced the appointment of Dr. Nels A. Nelson, formerly Deputy Officer for the Maryland State Department of Health, and during 1945-46 Assistant Professor of Venereal Diseases at the Johns Hopkins School of Hygiene and Public Health, as Director of the Bureau of Venereal Diseases of the Baltimore City Health Department. Dr. Nelson succeeds Dr. Alexander M. Novey.

Appointed Consultant to the Baltimore Health Department is Colonel Thomas B. Turner, Professor of Bacteriology at Johns Hopkins and recently separated from the War Department Surgeon General's Office, where he served from 1942 until 1946, first as Chief of the Venereal Disease Division and later as Director of the Civil Public Health Division.

Michigan Rapid Treatment Center Completes Second Year of Operation.—This small hospital, located in Ann Arbor, is operated under the joint supervision of the Michigan Department of Health and Public Health Service. The monthly case load has grown steadily on an average of less than 100 cases per month in the latter part of 1944 to more than 200 cases per month in the early part of 1946.

Missouri: VD Education Campaign Gains New Support in St. Louis.—For two years the Missouri Social Hygiene Association has been carrying on an intensive person-to-person and small-group-to-small-group campaign about the elementary facts which every person should know in regard to VD control. This plan is unique in VD

education and has aroused much interest and emulation throughout the country.

Hundreds of volunteers in a door-to-door distribution of a small circular have given to the public the necessary facts concerning the venereal diseases and the addresses and hours of clinics. This year a new group was approached. Quoting from the progress report of July last received from Dr. Harriet S. Cory, MSHA Executive Secretary:

"We went to all the political ward organizations, and asked their help when they canvassed—when they had meetings, wouldn't they take our dodgers; we were both in the same boat pulling against time; they for the inexorable date August 6—we against the inevitable relaxation in effort which follows the conclusion of a war. Why couldn't we combine primary and elementary education?"

"The response was beyond our most sanguine hopes. We got in touch with all the committee men and women of both major parties; some distributed dodgers in the canvassing which preceded registration day; others took dodgers for their pre-primary meetings. So far 57,550 dodgers have been placed, and our Staff has been asked to speak at ward meetings, meetings with precinct workers, and committee men and women."

A further report on this project is anticipated now that the election primaries are over.

New Jersey Tuberculosis League Makes Impressive Social Hygiene Gains.—Recent special activities of the New Jersey Tuberculosis League are reported in a *Social Hygiene Supplement* of the Summer issue of the League's *Health Bulletin*. The League Social Hygiene Committee has made excellent progress in developing its educational program through the county tuberculosis associations affiliated with the State League. Middlesex and Union County Associations have social hygiene committees. Bergen, Essex, and Morris counties carry on extensive programs under the aegis of their health education committees. Nine other counties indicate cooperative activities with other agencies.

The report summarizes the social hygiene activities on Social Hygiene Day in the following county associations—Bergen, Burlington, Cumberland, Essex, Gloucester, Hudson, Middlesex, Monmouth, Morris, Ocean, Somerset, Sussex, Union, and Warren.

The League observed Social Hygiene Day at its Spring Conference on April 17. The morning session was devoted to papers and discussions on the New Jersey situation—in venereal disease control, in social protection and juvenile delinquency, and in preparation of teachers in social hygiene education. At the luncheon session, Dr. Frank M. Thompson, Jr., of Montclair, spoke on *Social Hygiene in War and Peace*, and Howard Ennis, Chief, Extension and Training Services, Venereal Disease Division, USPHS, presented the challenge, *Time Is Short to Meet Our Obligations*.

In connection with the observance of Social Hygiene Day the State League provided 85,000 pamphlets and 1,700 window display

posters to the State Pharmaceutical Association for distribution to every pharmacist in the State.

New York: Seminar for Practicing Physicians at New York City Department of Health.—A comprehensive series of lectures and demonstrations on the diagnosis, treatment and management of venereal diseases started on September 21 at the New York City Department of Health, and will continue for thirteen Saturday mornings ending December 21. Lectures will be given by experts in the various special fields of venereal disease. No registration fee is required. Meetings are held at 10:30 A.M. Subjects to be covered are:

Early Syphilis; Its Recognition	The Minor Venereal Diseases
Diagnosis and Management of Latent and Late Syphilis	Cardiovascular Syphilis
Treatment of Early Syphilis	Syphilis of the Central Nervous System
Present Status of Penicillin in Syphilotherapy	Venereal Infections of the Eye
Gonorrhea in the Female (Including Complications)	The Pathology of Syphilis
	Syphilis and Sudden Death
	Management of Gonorrhea in General Practice
	Serology in Syphilis Control

Further information may be obtained from Dr. Theodore M. Rosenthal, Director, Bureau of Social Hygiene, New York City Department of Health, 125 Worth Street.

Virginia: Lynchburg Social Hygiene Council Recommends Social Hygiene Teaching in Schools.—At a meeting of the Council held on July 11, a resolution was adopted recommending the introduction of human relations education in the school systems of the City of Lynchburg and Amherst and Campbell Counties.

The Council's report for 1946 indicates a busy twelve months. Statistics include:

Venereal Disease Education Campaign	Special Negro Activities
Lectures—Public talks and films 64	Number of meetings 14
Total attendance 5,060	Attendance 4,075
Publicity—Newspaper stories .. 15	Pamphlets distributed 5,075
Editorials 2	Film showings at Negro theatres 33
Paid advertisements 6	Attendance at Negro theatres.. 3,500
Pamphlets distributed 17,831	
Posters displayed 399	
Social Hygiene Guidance Institute	Social Protection Activities
Meetings 7	Conferences with operators of hotels and taverns, to promote self-policing 10
Total attendance 160	
Home Study Course..... 26	

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

*Secretary, Committee on International Relations and Activities,
American Social Hygiene Association*

World Organization Set Up by Teachers.—Thirty nations sent delegates from their teaching associations to attend a conference held at Endicott, New York, during the last week of August, to consider international teaching problems. By unanimous action of the group, a World Organization of the Teaching Profession was established, which will become an operating agency when ten nations approve the charter. Purposes of the new international organization are announced in the charter as:

"To secure world-wide cooperation with the teaching profession in order (1) To make the highest standards of full and free education available to all without discrimination. (2) To improve the professional status of the teachers of the world and to promote their intellectual, material, social and civic interests and rights. (3) To promote world-wide peace through the building of goodwill founded upon cooperation between nations in educational enterprises, based upon pertinent and accurate information. (4) To

advise the appropriate organs of the United Nations and of other international bodies on educational and professional matters."

It is estimated that a million teachers will be represented in the World Organization. Each teaching association will pay two cents annually for each member, with a minimum of \$100 annual dues. A preparatory commission was established to plan for the first meeting of the new international association to be held next summer.

Caribbean Commission Restates Purposes and Functions.—Following conversations in Washington, D. C., on July 15th, of the four Governments—France, the Netherlands, the United Kingdom and the United States—concerned with Caribbean matters, an Agreement was initialed restating the purposes and functions of the Caribbean Commission, as an advisory international body. The Commission has grown out of the original Anglo-American Caribbean Commission established by the United States and the British Government in early 1942, which was expanded at the end of 1945 when the French and Netherlands Governments accepted invitation to full memberships.

The *Preamble* to the Agreement states that the member Governments have subscribed to the document, "being desirous of encouraging and strengthening cooperation among themselves and their territories with a view toward improving the economic and social well-being of the peoples of these territories, and being desirous of promoting scientific, technological, and

economic development in the Caribbean area and facilitating the use of resources and concerted treatment of mutual problems, avoiding duplication in the work of existing research agencies, surveying needs, ascertaining what research has been done, facilitating research on a cooperative basis and recommending further research, and

"Having agreed that the objectives herein set forth are in accord with the principle of the Charter of the United Nations."

It was decided that the Commission should be provided with an international Secretariat, to be established in Trinidad, British West Indies. Mr. Lawrence W. Kramer, former Governor of the Virgin Islands, has been appointed Secretary-General, with a Deputy General who is to be either a French or Netherlands national, and three assistants to the Secretary-General—one French, one Netherlands and one British—are to be appointed.

Presiding as Chairman of the Conference was Charles W. Taussig, who has been Co-chairman of the Anglo-American Caribbean Commission, and others in attendance were: M. Georges H. Parisot of the French Ministry of

Overseas Territories; M. Georges Orselli, Governor of Martinique; Mm. Jean de la Roche and Pierre Pelien, Colonial Administrators, and M. Henri Clandel of the French Embassy in Washington; Dr. J. C. Kielstra, Netherlands Minister to Mexico and Mr. L. A. H. Peters of the Netherlands Embassy in Washington; Mr. George F. Seel, Assistant Under Secretary of State in charge of West Indian matters in the Colonial Office of the British Government; Sir John Macpherson, Comptroller for Development and Welfare in the British West Indies, Mr. R. D. H. Arndell, Resident British Commissioner in Washington, and Mr. Norman W. Manley, K. C., Jamaica; Rexford G. Tugwell, Governor of Puerto Rico, Ralph J. Bunche of the U. S. Department of State, Rafael Pico, of the Puerto Rico Planning Board, and Oscar L. Chapman, Under Secretary of the Interior.

Pan American Sanitary Conference and Health Education Conference Postponed.—The 12th Pan American Sanitary Conference and the 2nd Pan American Conference on Health Education, for which the Venezuelan Government had issued invitations as occurring September 14-28 at Caracas, have been postponed until January 12-24, 1947, according to a communication received from Senor M. A. Falcon Brienco, Charge d'Affaires a.i. of Venezuela, at the Venezuelan Embassy in Washington. The American Social Hygiene Association is one of the agencies invited to participate in these Conferences.

Argentina: Liga Argentina de Profilaxis Social Celebrates Anti-Venereal Day.—On September 2, at the National Theatre in Buenos Aires, the Liga de Profilaxis Social held a mass-meeting as its 12th Annual Celebration of Anti-Venereal Day. The Liga, organized in 1921, is a national voluntary organization with 21 years' effort recorded in work "in defence of the health of the race." In addition to special events such as observance of Anti-Venereal Day, a year-round program is conducted, including conferences and meetings of professional groups, a comprehensive collection of publications, including pamphlets and posters, and other aids for public education. The Liga cooperates actively with the public health authorities in securing observance of the national law for prevention of venereal diseases, which became effective in June, 1937, especially as the law (No. 12,331) relates to premarital examinations for syphilis. One evidence of the effectiveness of its work is seen, the Liga believes, in the fact that since 1940, when the voluntary program was reduced by lack of financial resources, syphilis in the Republic has increased by 500 per cent.

England: Royal Sanitary Institute Holds First Postwar Health Congress.—Sixteen hundred delegates, a record-breaking group for size, met at Blackpool June 3 to 7, for the first Health Congress held since 1939. Following an opening address by Lord Woolton on "the importance of educating the public to realize the wisdom of positive action for raising the health of the community," the various Congress sections discussed progress in preventive medicine, maternal and child health, rehabilitation of problem families, housing, hospital services, and possibilities through the new National Health Service Act.

France: New Law Against Prostitution Takes Effect.—October 13 according to a report published by the New York Herald Tribune of September 26, is the deadline date set by the Paris police for final closing of all brothels, as required by the new law passed by the Constituent Assembly on April 13 last, which called for closing of houses of prostitution within six months.* The report says further:

"... an official from the office of the Chief of Police disclosed today that already most of the smaller houses in the capital have been padlocked. Only fifty-eight of the more important establishments are still in operation."

"The police statement refuted rumors current all summer that the law would not be strictly applied because of political pressure exerted on the government by the powerful syndicate of brothel owners."

"The more lavish houses, some of which occupy entire apartment buildings in residential districts, probably will stay open until the deadline. At 122 Rue de Provence, the madam in charge said she intended to sit tight until she got her eviction notice from the police. 'After that, we'll have to go,' she said with some vexation. 'The girls will be on their own in the streets, and you know what that means.'"

"The April 13 law is aimed at preventing the exploitation of girls by sweeping away the traditional French system of legalized prostitution. Under the law not only must all 'houses of tolerance' be closed within six months,

but heavy fines are imposed on the one making a living from the activities of prostitutes. The practice of issuing police cards to licensed girls is also abolished, as are the compulsory periodic medical examinations."

"The law was the inspiration of Mrs. Marthe Richard, an energetic member of the Paris Municipal Council, and was supported politically by the Popular Republican Movement (M. R. P.)."

"Last night the Brigade Mondaine (vice squad) staged the last of its weekly raids to check the cards of streetwalkers. Hereafter all soliciting on the streets will be forbidden, although police officials admit that they probably will take action only in flagrant cases."

"Buildings occupied by brothels are being requisitioned by the government, and most of them will be converted into apartments to help relieve the housing shortage. One madam remarked today that the new tenants may find their quarters rather noisy at first, as former customers are likely to come around at late hours and clamor for admission."

A copy of the new law has been received at ASHA headquarters through the courtesy of the Cartel d'Action Morale and Sociale of Paris, and a translation will shortly be published in the JOURNAL.

* See April, 1946, JOURNAL, page 220.

BOOK REVIEWS

THE CONTROL OF VENEREAL DISEASE. By R. A. Vonderlehr, M.D., and J. R. Heller, Jr., M.D. New York, Reynal & Hitchcock, Inc., 1946. 246 p. \$2.75.

This book should be marked for addition to all reference libraries and for use by all who are interested in the campaign against syphilis and gonorrhea and in the promotion of social hygiene programs as well.

The authors have reviewed the important previous publications and historical material on this subject and have based their contribution particularly on developments during World War II. In a foreword, Surgeon General Parran says, "Important in the postwar program is the need for more and more direct citizen participation." The authors say their purpose has been to help "retain the tremendous public interest in and support of the venereal disease program." It is their belief that upon such interest and support the ultimate control of venereal diseases depends.

The chapter headings give a clear picture of the contents: 1. How the Fight Began; 2. Syphilis, Cause and Effect; 3. Gonorrhea and "Minor Venereal Diseases"; 4. Doctors Know How to Win; 5. What Penicillin Does; 6. Finding the Case; 7. Prosti-

tution, Obstacle to Success; 8. "The Revolving Door"; 9. Delinquency and Venereal Disease; 10. War Points Up World Problems; 11. Present Day Control Measures; 12. The Goal Is Prevention; 13. Venus and Psyche; 14. Where Do We Stand?; 15. What Next? Under each heading the reader will find a wealth of factual statements and descriptive illustrations of medical, social, and educational gains—and also of losses.

Ample assurance that the text is authoritative and timely is found in the training and experience of the authors and their wide personal acquaintance with leaders and conditions throughout the United States. Under the immediate supervision of Surgeon General Parran, serving in turn as Chief of the U. S. Public Health Service Venereal Disease Division (Dr. Vonderlehr, 1935-1943; Dr. Heller, 1943-—), they have promoted the civilian program during a most important and critical period. Their service during the war years qualified them especially well to present the case for postwar and peacetime programs. They deserve high commendation for their work and the public is to be congratulated upon having this book now available for reading and reference.

WILLIAM F. SNOW, M.D.

NOTE: Through a special arrangement with the publishers, the American Social Hygiene will distribute an Educational Edition of *The Control of Venereal Disease*, similar in style to the popular Educational Edition of Dr. Parran's *Shadow on the Land*. Single copies will be \$1.25 postpaid, with suitable discounts for quantity lots. For additional information address the Publications Service, American Social Hygiene Association, at 1790 Broadway, New York 19, N. Y.

FERTILITY IN WOMEN. By Samuel L. Siegler, M.D. Philadelphia, J. B. Lippincott Company, 1945. 450 p., 194 illustrations. \$4.50.

FERTILITY IN MEN. By Robert Sherman Hotchkiss, M.D. Philadelphia, J. B. Lippincott Company, 1945. 216 p., 95 illustrations. \$3.50.

These companion volumes thoroughly cover the subject of fertility and its

converse, sterility. The authors have presented to the medical profession and health and social workers a closely coordinated, thoroughly scientific, lucidly written, well-printed, copiously illustrated work on human fertility, some of the social problems involved, its biology and the modern methods of maintaining and re-establishing it. Though each of these two books is quite complete in itself, they refer to each

other in recognition of the fact that in studying fertility both male and female must be considered.

One is impressed with the fact that with all the possible physical and psychological hazards in the way, the human species continues to reproduce. "Sterility and infertility are complex," says Dr. Siegler. "The mere investigation of causative factors, the mere wonder at the impregnation of a particular ovum by a particular spermatozoon despite the many formidable barriers, purposeful or fortuitous, in its path."

Modern medical science has made great progress in the study of sterility. New diagnostic techniques, advancement in endocrinology and improved knowledge of the menstrual cycle have made it possible to correct many of the conditions which in male and female impair fertility. Obviously when a couple fail to procreate both partners must be carefully studied. This investigation involves a complete family and individual history, a thorough general and special examination with functional tests of both husband and wife, before treatment is prescribed or corrective operation undertaken. All of this is fully detailed by the two authors. Childless marriages can to some extent be prevented, Dr. Siegler points out, by adequate premarital examinations taking into account not only the physical but the psychological constitution of the prospective husband and wife.

It is estimated that 10 per cent of all marriages in America are barren. Dr. Siegler quotes C. G. Hartman as saying, "Sterility, not contraception, is the biggest problem of the gynecologist." One needs only to remember the tragedy of childless marriages, the long tedious disaster of barrenness, the huge lists of couples on file in every reputable child-placing agency waiting to adopt homeless children, to agree that barrenness is indeed the greatest problem of specialists in this field of medicine.

These books by Drs. Siegler and Hotchkiss will be extremely useful in the hands of physicians. Since successful parenthood is a concern of social hygiene organizations and since parenthood absolutely depends on fertility, it is suggested that these books should be of great practical interest

to the professional staff of social hygiene societies.

WALTER CLARKE, M.D.

PROCEEDINGS — 28TH RECREATIONAL CONGRESS. New York, National Recreation Association, 1946. 175 p. \$1.75.

Eleven hundred delegates from forty-two states and Canada participated in this Congress. Held in Atlantic City, New Jersey, January 28–February 1, 1946, the meeting consisted of one general session with five speakers whose remarks are printed in full; four discussion groups, the proceedings of which are summarized; and the Industrial Recreation Conference with fourteen speakers reported representing the National Recreation Association and both labor and management from many types of industries from all sections of the country.

In addition accounts are given of Special Meetings, the Consultation Workshop, and of the Report of the Resolutions Committee.

Of outstanding interest are the following speeches made at the General Session: (1) *Human Reconversion*, by Dr. Howard A. Rusk, former Chief of the Convalescent Services, Division of the Army Air Forces, and now on the Editorial Staff of the New York Times; (2) *Army Lessons from a Global Recreation Program*, by Major General Joseph W. Bryan, Director, Special Services Division, U. S. Army; (3) *Navy Lessons from a Global Recreation Program*, by Captain R. E. Wilson, Director of Welfare, U. S. Navy.

BASCOM JOHNSON

MARRIAGE AND THE FAMILY. By Edgar Schmiedeler, O.S.B., Ph.D. New York, McGraw-Hill Co., 1946. 285 p. \$1.80.

Taking for its base the principles and concepts of marriage as set forth in the encyclical of Pope Pius XI on "Christian Marriage," this book was written "primarily for use in Catholic schools." The author directs the Family Life Bureau, National Catholic Welfare Conference, and has served as executive secretary of the National Catholic Conference on Family Life since its founding in 1933. He also lectures on marriage and the family at Catholic University.

The volume will be found useful by marriage counselors having clients of the author's faith, as religious backgrounds must be among the major factors considered and built on in the marriage guidance field. These same religious limitations, however, should be borne in mind by the reader who may expect to find the depth, breadth, and greater freedom of discussion provided by such texts on *Marriage and the Family* as Baber's or Becker and Hills'.

Father Schmiedeler concludes his preface by saying, "While this book is intended for use in high-school courses, the subject and treatment should recommend it also to the many study clubs on marriage and the family that are constantly being organized and to a wide range of individual readers and students in all walks of life." It will prove particularly useful in its emphasis on needed unselfishness in marital partners and in its admonitions against the overemphasis placed on sex and its manifestations in society today.

RAY H. EVERETT

PUBLIC HEALTH NURSING IN SYPHILIS AND GONORRHEA. By Evangeline Hall Morris. Philadelphia, W. B. Saunders Company, 1946. 239 p. \$2.25.

This book has one object only—to present to public health nurses facts and more facts about genitoinfectious diseases.

Impressive six- and seven-digit figures compiled by the United States Public Health Service are quoted. The difference between the incidence and prevalence of the disease is neatly pointed out. The accurate percentage

is calculated and follows each statistical mention.

The narrative chapter on genitoinfectious disease history is refreshing. The calvalcade of medicine, with its twilight periods, passes the reader in a dress rehearsal. The description of stirring scientific discoveries in the early twentieth century, which held so much hope for cure, is anticlimaxed by the author's statement when she slips into a comment: "From the time the crude prescription was recorded on the ancient tablets to the present, the patient with gonorrhea has been the victim of illogical and nonscientific therapeutic efforts. Nor has this era of the sulfonamides and penicillin provided him with complete protection from such efforts."

The definition of syphilis is startling—it is defined as a common systemic disease. The medical aspects are comprehensively discussed. Illustrations, charts, and graphs complete the book and an exhaustive list of references is given at the end of each chapter.

The chapters dealing with the diagnosis and treatment of genitoinfectious diseases clarify information with which every public health nurse should be familiar. In the "Aims of Treatment" the author takes the stand of a bedside nurse when she stresses "curing" and "arresting" the disease as of primary importance.

The role of the public health nurse has been repeated often enough to provoke some thought.

The book is readable, informative, and very timely.

NADINE GEITZ, R.N.



National Tuberculosis Association
opens the 40th Annual
Christmas Seal Sale on
November 25.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS, AND REPORTS

Annual and Special Reports

- FACTS ABOUT CHILD HEALTH, 1946. Bureau Publication 294. Published by U. S. Department of Labor, Children's Bureau, Washington 25, D. C. 30 pages.
- FACTS AND FALLACIES IN THE INTEGRATION OF NATIONAL VOLUNTARY HEALTH AGENCIES, D. B. Armstrong, M.D., Sc.D. Condensed and reprinted from *The Journal of the American Medical Association* of June 15, 1946. 7 pages.
- FILMS AVAILABLE FROM THE LOAN LIBRARY OF THE STATE COMMITTEE ON TUBERCULOSIS AND PUBLIC HEALTH, July, 1946. Bibliography. State Charities Aid Association, 105 East 22 Street, New York 10, New York.
- INTERNATIONAL HEALTH DIVISION, Annual Report for 1945. The Rockefeller Foundation, New York. 147 pages.
- PHYSICAL EXAMINATIONS OF SELECTIVE SERVICE REGISTRANTS DURING WARTIME, Major C. H. Greve, MAC, K. H. McGill, and Col. L. G. Rowntree, MC. An Analysis of Reports for the Continental United States and Each State. April, 1942–December, 1943. National Headquarters Selective Service System, Washington, D. C. 137 pages. This Bulletin contains statistics for Venereal Diseases found among selective service registrants.
- PROGRAMME OF STUDIES FOR THE HIGH SCHOOL. Department of Education, Edmonton, Alberta. 71 pages.
- THE ROCKEFELLER FOUNDATION. A Review for 1945. Raymond B. Fosdick, President, New York. 63 pages.
- THE WOMEN'S BUREAU: ITS PURPOSE AND FUNCTION. U. S. Department of Labor Women's Bureau, Washington, D. C. 4 pages (folder).

Pamphlets and Leaflets for the General Public

- BE IT EVER SO JUMBLED THERE'S NO PLACE LIKE HOME, Paul Popenoe. A pamphlet for young married couples. Young Men's Christian Association. 62 pages.
- BUILDING SEX INTO YOUR LIFE. A pamphlet for young men. Paul Popenoe. New Edition published in Canada for The American Institute of Family Relations, Los Angeles, Calif. 64 pages, 25 cents.
- COUNTRY GENTLEMEN SPEAKS TO YOUNG AMERICA ABOUT DATING, Esther Emerson Sweeney, American Social Hygiene Association. *Country Gentlemen Magazine*, Philadelphia 5, Pa. 5 pages.
- SPEAKING OF LOVE, Leland Foster Wood, in cooperation with a committee composed of Dorothy Walworth, Valeria Parker, M.D., and Carl V. Herron of the Commission on Marriage and the Home of the Federal Council of Churches. 30 pages.
- TOWARD MENTAL HEALTH, George Thorman. Public Affairs Committee, 22 East 38th Street, New York, N. Y. 32 pages, 10 cents.

Pamphlets for Professional Workers

- AMERICA'S CHALLENGE—THE BROKEN HOME, Michael F. Walsh, Judge Supreme Court of N. Y. Family Life Bureau, National Catholic Welfare Conference, 1312 Massachusetts Ave., N.W., Washington 5, D. C. 11 pages.
- THE CHILD, May, 1946. *A Square Deal for the Baby Born Out of Wedlock*. Children's Bureau, U. S. Department of Labor, Washington, D. C. 14 pages.

- THE INTERVIEW IN COUNSELING. An Outline of Interviewing Procedure for Use of Community Advisory Centers. Published by Retraining and Reemployment Administration, U. S. Department of Labor, Washington 25, D. C. 25 pages, 10 cents.
- HOW TO ORGANIZE AND OPERATE FOR VETERANS AND OTHERS YOUR COMMUNITY ADVISORY CENTER. Retraining and Reemployment Administration, Department of Labor, Washington, D. C. 40 pages.
- PARENT EDUCATION THROUGH HOME AND SCHOOL. Family Life Bureau, National Catholic Welfare Conference, 1312 Massachusetts Ave., Washington, D. C. 69 pages.
- POPULATION FACTS AND FACTORS. Family Life Bureau, National Catholic Welfare Conference, 1312 Massachusetts Ave., Washington, D. C. 45 pages.
- POSTWAR VENEREAL DISEASE CONTROL. Proceedings, National Conference, St. Louis, Missouri, November 1944. Supplement No. 20 to *The Journal of Venereal Disease Information*, Federal Security Agency, U. S. Public Health Service. Government Printing Office, Washington, D. C. 213 pages, 35 cents.
- TOWARDS A BETTER LIFE. Family Life Bureau, National Catholic Welfare Conference, 1312 Massachusetts Ave., N.W., Washington 5, D. C. 102 pages.

IN THE PERIODICALS

Of General Interest

- AMERICAN JOURNAL OF SOCIOLOGY, March, 1946. *The Discharged Serviceman and His Family* by E. C. McDonagh.
- CORONET, August, 1946. *Sex Crimes: Their Cause and Cure*, Charles Harris.
- HEALTH EDUCATION JOURNAL, London, April, 1946. *Causes of Promiscuity*, A. O. Ferguson Ross, M.D.
- JUNIOR LEAGUE MAGAZINE, May, 1946. *Red Lights Going On*, Eleanor Hard Lake.
- LIFE AND HEALTH, June, 1946. *The Only Sure Way to Curb Venereal Diseases*, John H. Stokes, M.D.
- NEW YORK STATE JOURNAL OF MEDICINE, July, 1946. *Moral and Psychologic Aspects of the Control of Venereal Disease*, L. E. Luehrs, M.D.

Sex Education, Marriage, and Family Relations

- EUGENICAL NEWS, December 1945. *The Individual and the Family in Democracy*, Maurice A. Bigelow.
- THE JOURNAL OF HEALTH AND PHYSICAL EDUCATION, May 1946. *Sex Education—It Can Be Taught as a Separate Course*, Elva Horner Evans.
- MARRIAGE AND FAMILY LIVING, Summer, 1946. *New Foundations for Marriage and the Family. A Symposium.*
- THE MARYLAND TEACHER. Official Publication of the Maryland State Teachers Association and Bulletin of the Maryland Congress of Parents and Teachers. December, 1945. *Sex Education—Whose Responsibility?*, Mildred M. Clements.
- MENTAL HYGIENE, January, 1946. *Marriage Preparation Must Be Modernized*, Henry Bowman.
- NATIONAL PARENT-TEACHER, March, 1946. *Will There Be a Sex Problem?*, P. H. Landis.
- SOCIAL SERVICE DIGEST. A Monthly Digest of Social Work Literature. September, 1946. *College Courses in Preparation for Marriage*, Frances C. Thrman. (Condensed from *Social Forces*, March, 1946.)
- SURVEY MIDMONTHLY, March, 1946. *Putting the Brakes on Divorce*, Marie Munk.

Health Education

- AMERICAN JOURNAL OF PUBLIC HEALTH, April, 1946. *Health Education*, Lawrence K. Frank.
- HYGEIA, March, 1946. *Malaria—Man's Friend*, H. S. Read, M.D., F. T. Becker, M.D., L. I. Kaplan, M.D.
- Venereal Disease Tests for the Masses*, W. H. Y. Smith, M.D.

- JOURNAL OF HEALTH AND PHYSICAL EDUCATION, March, 1946. *VD Is Being Taught in Hawaii's Schools*, S. S. Allison, M.D. and June Johnson.
- PUBLIC WELFARE IN INDIANA, July, 1946. *Social Hygiene Education*, Meredith Nicholson, Jr.
- SCHOOL LIFE. Official Journal of the U. S. Office of Education. May, 1946. National Council of Chief State School Officers. *Reports of Study Commission on State Educational Problems*.

Youth in the World Today

- CALIFORNIA'S HEALTH, March 15, 1946. State Department of Public Health. *Nced for Venereal Disease Control Measures Among the Younger Age Groups*.
- YOUTH LEADERS DIGEST, Peekskill, N. Y. *State Youth Commissions*. (Editorial.)

Industrial Problems

- INDUSTRIAL MEDICINE, March, 1946. *Venereal Disease—What Stake Has Industry in Its Control?*, Howard Strong.

Legislation, Law Enforcement, and Social Protection

- AMERICAN JOURNAL OF SOCIOLOGY, March, 1946. *The Study of the Delinquent in the Army*, M. R. McCallum.
- BALTIMORE HEALTH NEWS. Baltimore City Health Department, April-May, 1946. *A Protective Service for Promiscuous Girls*. Mazie F. Rappaport.
- CALIFORNIA'S HEALTH, State Department of Public Health, August 15, 1946. *State Action to Repress Prostitution*.
- PROBATION. *Buffalo Conference Number*, June, 1946. Published by The National Probation Association.
- PUBLIC HEALTH NURSING, April, 1946. *Prostitution, Promiscuity, Venereal Disease*, Lt. William George Gould, USNR.

Public Health and Medical

- ALASKA'S HEALTH, March, 1946. *The Public Health Nurse in a Venereal Disease Control Program*, D. K. Whitney.
- AMERICAN JOURNAL OF NURSING, August, 1946. *The Rapid Treatment Center Program*. I. Medical Treatment. II. Nursing Services. J. R. Heller, Jr., M.D., and Mildred Eslick, R.N.
- AMERICAN JOURNAL OF PUBLIC HEALTH, March, 1946. *Comparison of Observed and Expected Deaths in Selective Service Registrants with Negative and Positive Serologic Tests for Syphilis*, M. C. Brown, M.D.
- June, 1946. *Epidemiology of Venereal Disease*, T. H. Sternberg, M.D.
- AMERICAN JOURNAL OF SYPHILIS, July, 1946. *The Clinical Significance of Quantitative Serologic Tests for Syphilis*, E. W. Thomas, M.D.
- Neurosyphilis in Younger Age Groups; an Analysis of Clinical Findings, Laboratory Studies, and Malaria Therapy*, Sidney Scherlis, M.D., and C. M. Caravati, M.D.
- Semantic Confusion and Resolution in the Concepts of Cure in Syphilis and of Reinfection with Syphilis*, Morris Leider, M.D.
- Sulfathiazole Prophylaxis for Gonorrhea and Chancroid Among Soldiers in the Caribbean Area*, Daniel Bergsma, M.D.
- ARCHIVES OF DERMATOLOGY AND SYPHILOLOGY, July, 1946. *Latent Syphilis: Study of One Hundred and Sixty-nine Cases Observed Ten Years or More*, J. W. Jordon, M.D., and F. A. Dolce, M.D.
- BRITISH MEDICAL JOURNAL, August 3, 1946. *Problems Arising from the Use of Penicillin in Gonorrhea*, R. C. L. Batchelor, M.B., D.P.H., W. H. Donald, M.B., and Marjorie Murrell, M.B.
- CANADIAN JOURNAL OF PUBLIC HEALTH, February, 1946. *Some Observations on Venereal Disease Control in the Royal Canadian Air Force*, J. W. Tice, M.D. and others.
- THE CANADIAN MEDICAL ASSOCIATION JOURNAL, August, 1946. *V.D. Briefs: The Present Status of Penicillin in Syphilis Treatment*.
- A Review of Health Conditions in Children in Post-War Europe*, R. R. Struthers, M.D.
- CANADIAN NURSE, August, 1946. *Hereditary Syphilis*, J. Gate, M.D.

- CONNECTICUT HEALTH BULLETIN, August, 1946. *Ten Years of Premarital Blood Test Law*, H. P. Talbot, M.D.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, March, 1946. *Action of Penicillin, Especially on Treponema Pallidum*, C. N. Frazier, M.D., and E. H. Frieden, Ph.D.
- October 5, 1946. *Results of Rapid Treatment of Early Syphilis*, J. R. Heller, Jr., M.D.
- Neurosyphilitic Patients Treated with Penicillin*, Harold A. Tucker, M.D., and Raymond C. V. Robinson, M.D.
- JOURNAL OF VENEREAL DISEASE INFORMATION, June, 1946. *National Venereal Disease Control, Committee on Venereal Disease Control. State and Territorial Health Officers' Association.*
- Sensitivity of Neisseria Gonorrhoeae to Streptomycin in Vitro*, Franco Mortara, M.D., M.P.H., and Margaret T. Saito, A.B.
- Treatment of Gonorrhea with Penicillin. Results of Therapy with Penicillin in Water-in-Oil Emulsion as Compared with Those Obtained by Single or Multiple Injections of Aqueous Penicillin Solutions*, Alfred Cohn, M.D., Borris A. Kornblith, M.D., Isaak Grunstein, M.D., Jules Freund, M.D., K. Jefferson Thomson, M.D.
- An Unusual Strain of Neisseria Isolated from the Cervix Uteri*, Marion B. Coleman.
- July, 1946. *The Effect of the Sodium Salts of Crystalline Penicillin X, and Commercial Penicillins on Darkfield Positive Lesions of Syphilis*, Sidney Olansky, M.D., and L. E. Putnam, M.D.
- A Microflocculation Test for Syphilis Using Cardiolipin Antigen. Preliminary Report*. Ad Harris, M.D., A. A. Rosenberg, M.D., and Sacha Levitan, M.D.
- P.B.O. Owen, George E. Parkhurst, M.D., H. A. Sauberli, M.D.
- August, 1946. *Preliminary Report on the San Antonio Blood Test Campaign*, Lewis C. Robbins, M.D., and Walter S. Green, M.D.
- A Study of Syphilis in a Negro High School in the City of Baltimore, 1939-1943*, E. N. Hesbacher, M.D.
- September, 1946. *Results of Rapid Treatment of Early Syphilis*, J. R. Heller, Jr., M.D.
- The Adequate Treatment of Gonorrhea*, J. R. Heller, Jr., M.D.
- LANCET, London, July, 1946. "Masked" Syphilis: *Dangers of Penicillin Therapy*, E. Cronin, M.D.
- MEDICAL JOURNAL OF AUSTRALIA, June, 1946. *The Results of Penicillin Therapy in the Treatment of Gonorrhea*, S. W. Siedlecky.
- MICHIGAN PUBLIC HEALTH, August, 1946. *Michigan Rapid Treatment Center Completes Second Year of Operation.*
- THE MILITARY SURGEON, August, 1946. *Venereal Disease Control in a Rural Area in War Time*, Walter B. Quisenberry, M.D., M.P.H., F.A.P.H.A., Lincoln, Nebraska, and James N. Dudley, M.D., M.P.H., Newport News, Va.
- NEW ENGLAND JOURNAL OF MEDICINE, March, 1946. *Syphilis*, G. M. Crawford, M.D.
- NEW YORK STATE JOURNAL OF MEDICINE, June, 1946. *The Recrudescence of Syphilis in New York State*, Isadore Rosen, M.D.
- OHIO STATE MEDICAL JOURNAL, March, 1946. *Prophylaxis Against Venereal Disease*, Harry Wain, M.D.
- June, 1946. *Public Health and the Treatment of Early Syphilis*, R. L. Kile, M.D.
- Relapse During Penicillin Therapy of Syphilis*, H. N. Cole, M.D. and others.
- PSYCHIATRIC QUARTERLY (Utica, N. Y.), January, 1946. *Penicillin in Early Syphilis: A Preliminary Report of the Penicillin Treatment of Early Syphilis in the Syracuse Treatment Center*, G. A. Group, M.D., and T. F. Laurie, M.D.
- PUBLIC HEALTH, London, September, 1946. *Syphilis in Pregnancy: Preliminary Report on a Tynesice Investigation*, W. V. Macfarlane, M.D., D.P.H.
- PUBLIC WELFARE IN INDIANA, July, 1946. *Indiana's Present Venereal Disease Problem*, G. W. Bowman, M.D.
- The Rapid Treatment Center in Indianapolis. State Department of Public Welfare in Indiana.*

- SPECIAL VENEREAL DISEASE BULLETIN, September, 1946, Vol. I, No. 1. *Intensive Ambulatory Treatment of Syphilis in Private Practice*, J. C. Geiger, M.D., and Richard A. Koch, M.D.
- UROLOGIC AND CUTANEOUS REVIEW, March, 1946. *The Influence of Diagnostic Methods on the Gonorrhea Rate in the Army Air Forces; Experience of the Troop Carrier Command in Prediagnostic Culture of the Gonococcus*, R. J. Benford, M.D., and E. M. Holmes, Jr., M.D.
- April, 1946. *Syphilis and the Wassermann Reaction*, W. G. Richards, M.D.
- The In-Patient Syphilis Department of the Hospital as a Prophylactic Measure*, Herman Goodman, M.D.
- VIRGINIA MEDICAL MONTHLY, March, 1946. *Neurosyphilis with a Three Year Observation of the Comparative Therapeutic Effects of Inoculation Malaria and Artificial Fever Therapy*, V. E. Lascara, M.D.

ANNOUNCEMENTS

This Month: This issue of the JOURNAL on *Social Hygiene and the Citizen* is another stock-taking of community effort . . . taken with the *New Community Programs*, published in October, 1945, and numerous community reports in between, we believe real progress in most respects, as well as through the USPHS-ASHA Team Plan described in the articles by Dr. Heller and Mrs. Sweeney, is indicated. . . . The ASHA has reprints of Mrs. Sever's *Rhode Island Serves Her Youth* (Pub. A-660) and Dr. Hollister's report on *Education for Responsible Parenthood in Mississippi* (Pub. A-667), 10 cents each. The whole number 35 cents, postpaid, as usual.

Next Month: 1947 is a legislative year and the ASHA Division of Law En-

forcement and Social Protection is guest-editing an issue on *Social Hygiene Laws in Action* . . . Among the contents: *Leading Court Decisions on Venereal Disease Laws*, by W. George Gould, *Seven Years Experience with Premarital and Prenatal Examinations for Syphilis in New Jersey*, by John Hall and Glen S. Usher (preprinted as Pub. A-619, 10 cents) . . . and *Social Hygiene Legislation in Canada*, by Joseph Lichstein. Text of the new French law to repress commercialized prostitution is another feature.

December Journal: This will be a *Social Hygiene Day* number designed to be of special help to groups joining in the observance. See next page.

NEW BOOKS AND PAMPHLETS

As Dr. Snow says on page 344, the new book, *Control of Venereal Disease* by Dr. Heller and Dr. Vonderlehr, is a most valuable reference text. Note that the Association is sole distributor of the *Educational Edition*, which is attractively bound in heavy paper cover. \$1.25 per copy. Your order today will help the Publications Service to estimate the size of the next printing.

Human Relations Education in San Diego, Dr. Gage G. Wetherill's report on the fine program developing in the San Diego city schools may be secured for 50 cents a copy with usual

discounts on quantity lots (Pub. A-639).

How Can We Teach About Sex? is a new pamphlet by Dr. Benjamin C. Gruenberg, whose *High Schools and Sex Education* was for more than twenty years a classic in its field. The Public Affairs Committee has published a special edition for the ASHA (Pub. A-664). 10 cents a copy; \$8.50 per hundred.

The Prostitution Racket Is Back, by Albert Deutsch (Pub. A-663), 10 cents. Reprinted from the *American Mercury*.

For these and other publications address

Publications Service, American Social Hygiene Association

1790 Broadway, New York 19, New York

A WATCHWORD FOR SOCIAL HYGIENE DAY

Prevention is the watchword for **Social Hygiene Day—1947**. Prevention is a broad task. What is our part as citizens? What does prevention mean?

Prevention means an understanding that "conduct and not medication lies at the core of the venereal disease problem."

Prevention means acceptance of individual responsibility for protecting the strength and soundness of marriage and family life, on which the vitality of the nation and the welfare of the community depend.

Prevention means sound character-training in childhood and youth as a major influence in the promotion of high standards of sex conduct.

Prevention means provision of safeguards to protect young people from situations which lead to sexual promiscuity.

Prevention means steady, vigorous citizen support of the work of law enforcement officials in repressing prostitution.

Prevention means help for the victims of the prostitution racket—for "young people in trouble"—to guide them back to normal living.

Prevention means knowledge on the part of each and every person, young and old, of the dangers of VD, the importance of avoiding exposure, and the need to seek treatment promptly if infection occurs.

Prevention means now, more than ever, team work by all concerned with efforts to improve community conditions, to reinforce ethical standards, and to provide suitable training, guidance and protection for youth.

**Remember the Day
Wednesday, February 5, 1947
Ask How You Can Help**

write to

**THE AMERICAN SOCIAL HYGIENE ASSOCIATION
1790 Broadway New York 19, N. Y.**

Journal of Social Hygiene

Social Hygiene Laws in Action

CONTENTS

Editorial: Why Social Hygiene Laws Are Essential.....	353
Twenty-Two Years' Progress in Social Hygiene Legislation (Maps)	356
Social Hygiene Laws in Court: Important Court Decisions and Rulings on Operation of Venereal Disease Laws.....William George Gould...	361
Seven Years' Experience with Premarital and Prenatal Examinations for Syphilis in New Jersey.....Glenn S. Usher, M.D. and John Hall.....	371
Premarital and Prenatal Legislation in Canada.....Joseph Lichstein	380
New French Law for Repression of Prostitution Goes into Effect	383
National Events	Eleanor Shenehon 386
News from States and Communities.....	Betty A. Murch..... 393
News from Other Countries	Jean B. Pinney..... 402
Book Reviews	407
Publications Received	408
References on Social Hygiene Laws and Legislation.....	411
Announcements	412

National Social Hygiene Day
Wednesday, February 5, 1947

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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VOL. 32

NOVEMBER

NO. 8

Social Hygiene Laws in Action

EDITORIAL

WHY SOCIAL HYGIENE LAWS ARE ESSENTIAL

"You can't make people good by laws"! This aphorism, though sometimes cited by intelligent and well-meaning people, is more frequently used by sinister forces to camouflage the real reasons for their opposition to restrictive legislation.

Of course, neither the legislators who enact such laws nor the police and courts which enforce them have any hopes or make any claims that people can be made good by law. It can be justly claimed for such laws, however, that they prevent much bad, selfish or thoughtless behavior which is either definitely against the public interest or in violation of other peoples' rights. This is the basis of the laws which penalize traffickers in and exploiters of women and youth, and of the laws which authorize health officers to quarantine infectious carriers of the venereal diseases.

Profiteers of illegality hope to mislead the public into believing that restrictive legislation in general and social hygiene laws in particular are "bluenose" or "do-gooder" legislation, constituting an unwarranted interference with "personal liberty." The facts in the case are quite the opposite. Social hygiene laws, like all sound laws, are designed to protect the people, and the false solicitude of the vice racketeers and their camp followers that liberty shall not be interfered with, masks instead a very real solicitude for the maintenance of their own criminal profits or the satisfaction of their own illicit desires.

In spite of opposition from the self-interested, which has always been strong and often bitter, and in spite of the indifference of the uninformed and the misinformed, more and better social hygiene laws have been passed in the United States during the last thirty years than during all the rest of our national existence. The maps in this issue of the JOURNAL OF SOCIAL HYGIENE show a speed and scope of progress, especially with regard to the passage of state laws for protection of marriage and childhood from syphilis, which has rarely if ever been surpassed in any other field of legislation. While enforcement of these laws has not always been good or consistent, the standard of administration in the country as a whole has steadily risen over the years, and there is every reason to believe that it will continue to improve.

An interesting development which has come to a head in recent years is the gradual acceptance by the people of the principle that the federal government has a responsibility for the protection of the armed forces from prostitution and the venereal diseases which it cannot slough off even in peacetime or delegate to the states and their subdivisions.*

The making of the wartime federal anti-prostitution law into permanent peace-time legislation is an outstanding example of this trend. The fact that the Congress failed at its last session to provide adequate federal administrative machinery to implement this federal responsibility fully does not in my judgment signify any lessening of the public interest in prostitution as a threat to our national welfare. This interest will no doubt find expression in the form of further legislation.

The steady advance of social hygiene legislation is one of the best proofs of the growth and impact of social hygiene knowledge,

* Acceptance of the principle that the federal government has a general responsibility for protecting the people from the venereal diseases has been shown by adoption of a series of federal laws. The Federal Act of February 15, 1893, the Immigration Act of February, 1917, the Interstate Quarantine Regulations (as amended in 1918), the Chamberlain-Kahn Act of July 9, 1918, which established the Division of Venereal Diseases within the U. S. Public Health Service, the Social Security Act of 1935, the Venereal Disease Control Act of 1938 (LaFollette-Bulwinkle Act) and the Public Health Service Act of 1944, which consolidated and revised previous laws relating to prevention and control of venereal diseases, are all milestones on a well marked road to progress through national government. Government responsibility in prostitution problems has been expressed through the Mann Act, adopted in 1910 by the Congress to prohibit interstate and international traffic in women; through the Bennett Act (1917), which penalizes those who import aliens for immoral purposes and provides for deportation of aliens engaging in prostitution, and through government action in two world wars to protect the armed forces from prostitution.

interest and action throughout the country. Public opinion and citizen support have been strong factors in bringing about the passage and enforcement of social hygiene laws. Social decency demands the continuance and strengthening of these bulwarks. As public opinion continues to build, through the spread of understanding and acceptance of social hygiene principles, the demand becomes stronger for the right to live and work unhindered by such hazards as venereal diseases and prostitution. Good restrictive and protective laws, well used, provide one effective way of securing these rights.

Citizens of 44 states whose legislatures meet in 1947 will have a new chance then to secure better protection for family health and welfare through improvement of their state social hygiene laws. Some states still need basic legislation on social hygiene. Others intend to amend existing laws. In addition the appropriations necessary to implement these laws must be provided. Now is a good time to study your state's needs and join with other groups and individuals in planning and supporting well-framed, workable new legislation if it is required.

This issue of the JOURNAL OF SOCIAL HYGIENE is another of the series of practical helps which have been prepared and made available to this end.

If, for example, your state is one of the 12 not yet having a law to protect expectant mothers and babies from syphilis, or one of the 16 whose legislation does not yet fully protect marriage from this disease, you will find in the Hall-Usher article *Seven Years Experience with Premarital and Prenatal Examinations for Syphilis in New Jersey* some sound reasons for the great popularity of this type of legislation. Another article in this issue, *Social Hygiene Laws in Court*, in which George Gould of the ASHA staff outlines some of the more important favorable rulings of the higher courts on principles underlying venereal disease control laws, should furnish aid and comfort to health officers. Mr. Lichstein's report on *Social Hygiene Legislation in Canada* is timely information from a good neighbor.

The American Social Hygiene Association, as always, stands ready to place its years of experience and study, along with our publications and materials, at your disposal in these matters. We shall welcome your inquiries.

BASCOM JOHNSON

*Acting Director, Division of Law Enforcement and Social Protection
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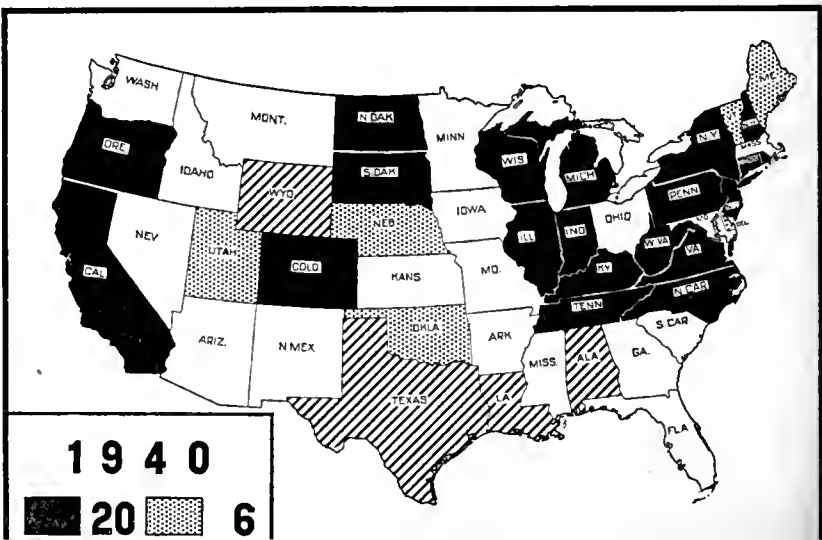
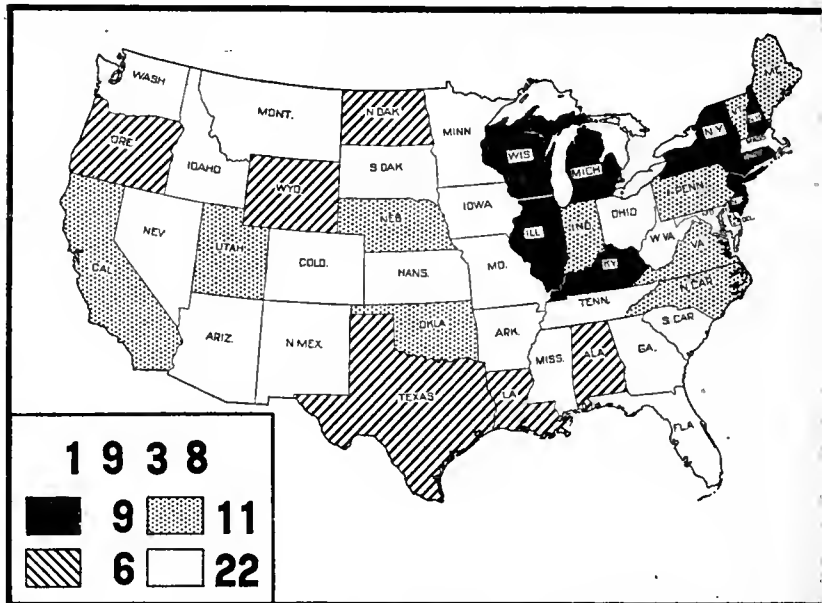
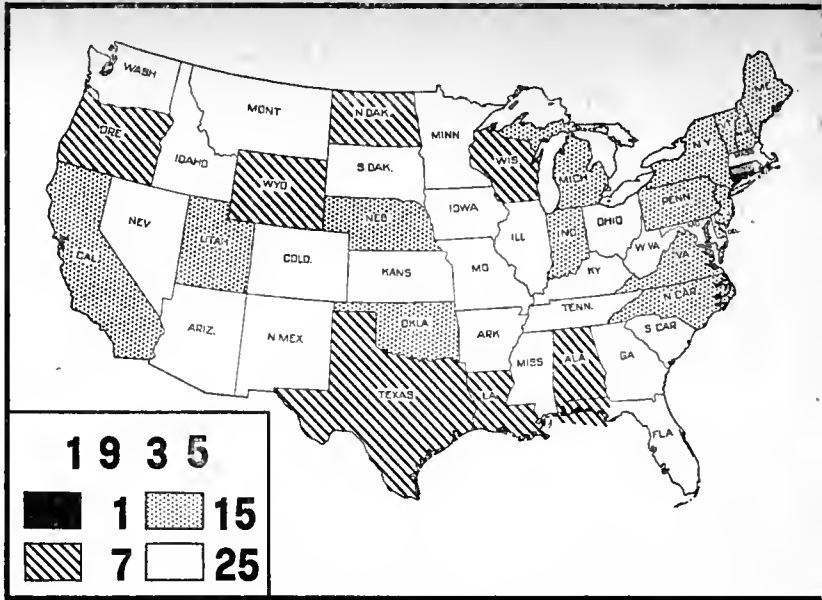
TWENTY-TWO YEARS' PROGRESS IN SOCIAL HYGIENE LEGISLA- TION IN THE STATES

Although by 1925 a number of states had adopted limited legislation to safeguard marriage from the venereal diseases, it was not until ten years later that Connecticut passed the type of law known as the "premarital examination law."

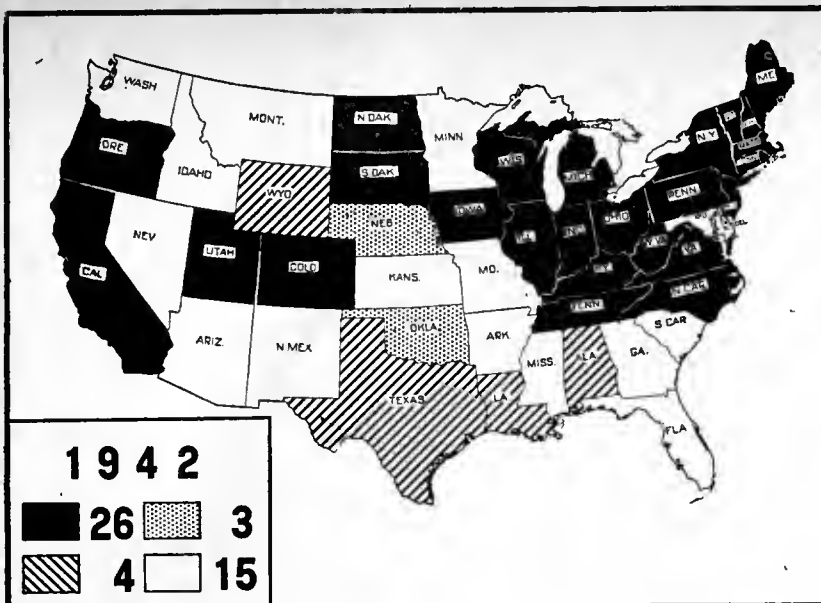
Other states were quick to see the advantages of such a law. By 1938, nine states had adopted new legislation of this type.

By 1940, twenty states had passed new premarital examination laws, or amended existing laws for better operation.

The majority of such laws require a physical examination, including an approved blood test for syphilis, of both bride and groom, and a certificate from the examining physician showing freedom from syphilis in a communicable stage as a prerequisite to the issuance of a

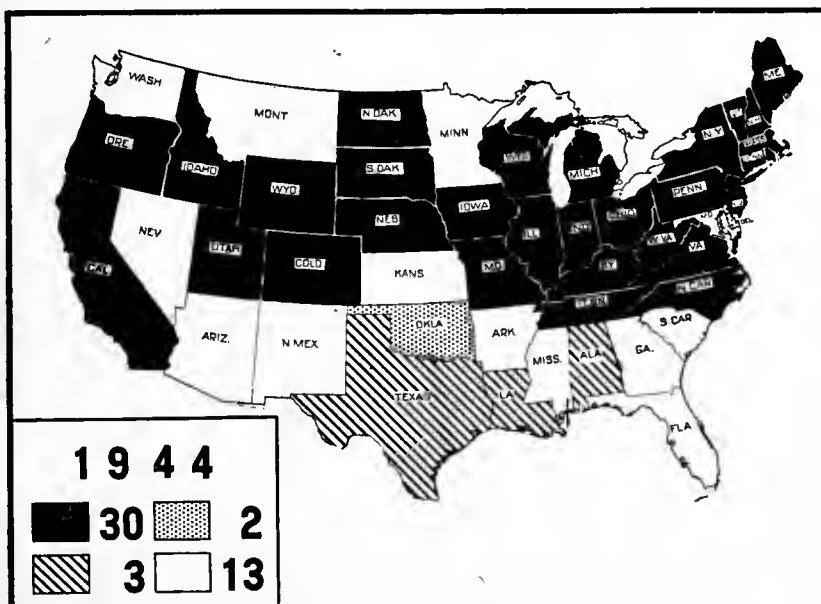


TO PROTECT MARRIAGE FROM SYPHILIS



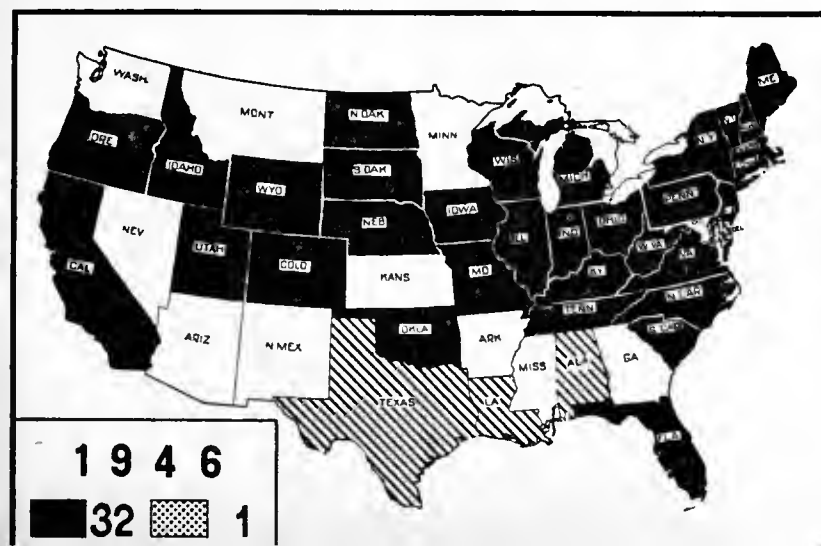
By the end of 1942, six more states had passed legislation of this type.

Social hygiene and other voluntary groups have given strong support to public health officials in securing adoption of these laws, and in promoting general understanding of their benefits.



From 1943 to 1946, six more states plus the Territory of Hawaii, adopted the new type of law. With the five states which already had made provision to some extent for such protection, this means that, by another "legislative year" begins, only twelve states and the District of Columbia lack some kind of legislation to safeguard family health in this way.

How does your state stand?



States requiring blood tests for syphilis of both bride and groom before issuing license

States requiring examination by physician for venereal diseases, or medical certificates showing freedom from such diseases, usually for groom only

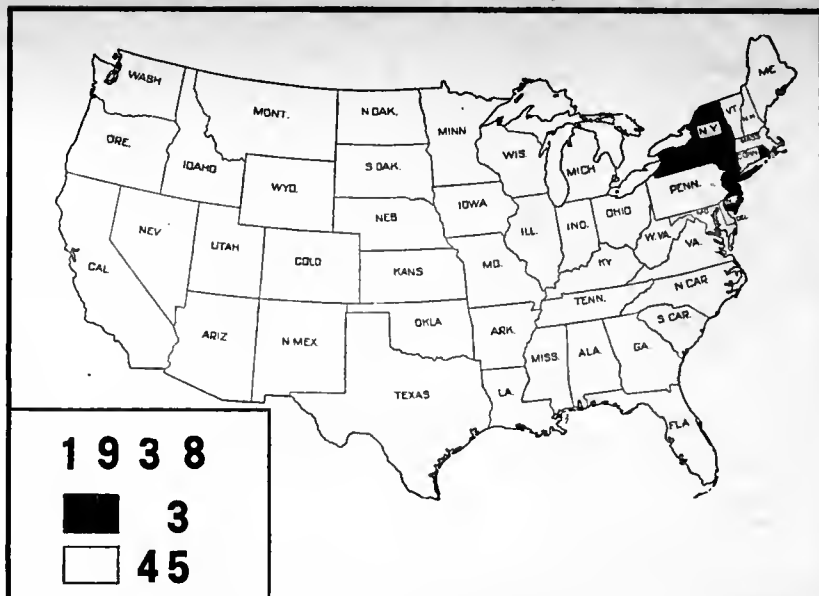
State (Delaware) prohibiting marriage of persons infected with venereal diseases

States granting marriage licenses without regard to venereal disease infection

PROGRESS IN STATE LEGISLATION

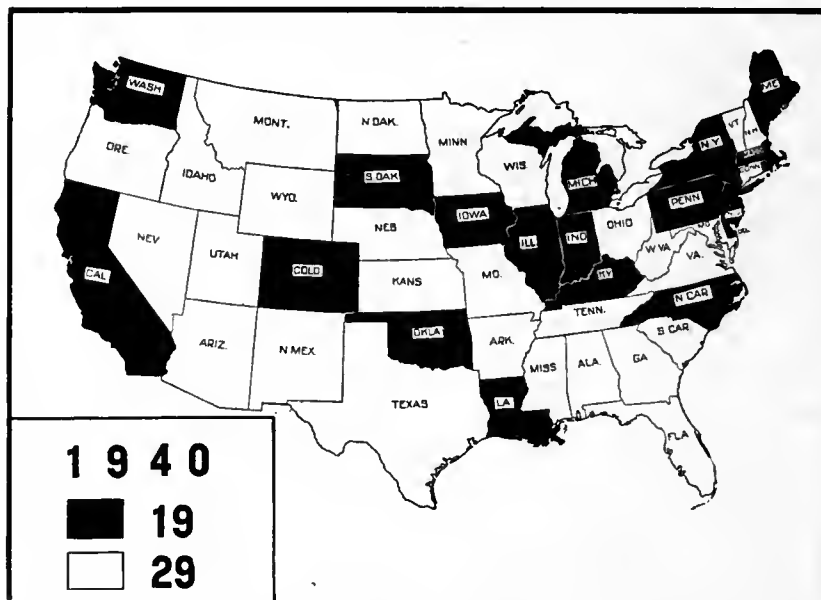
The first state law to protect others and babies from the deadly effects of syphilis was passed by the New York State legislature in March, 1938.

Known as the "baby health bill," sponsored by the New York Post, the American Social Hygiene Association and numerous state and community agencies, both voluntary and official, the passage of this forward-looking legislation touched off a fuse in health progress. Before that year's legislative sessions had ended, the states of New Jersey and Rhode Island had adopted similar laws.



Law-makers across the country were prompt to respond to public opinion by adopting such obviously valuable legislation. As in the case of the premarital examination laws, succeeding years have seen rapid action.

By 1940, nineteen states had made provision for this type of child health protection.

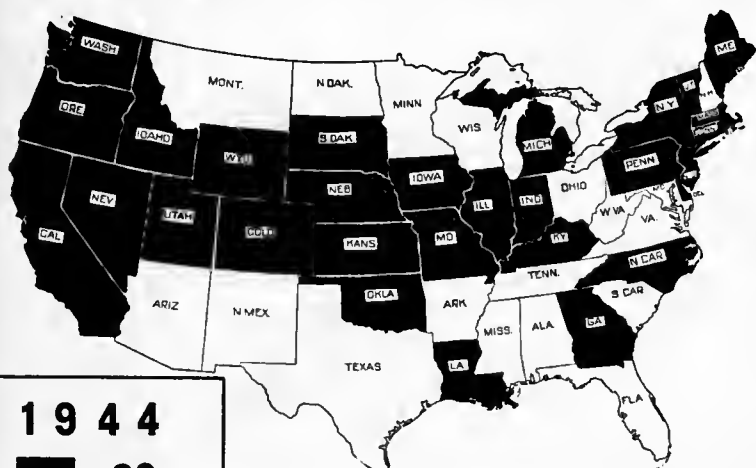


The law, in its usual form, provides that a licensed physician or other persons authorized to attend an expectant mother is required to take, or cause to be taken, a sample of blood of such woman, to be submitted to an approved laboratory for a standard test for syphilis within a specified time. Syphilis, unlike most diseases, may be transmitted to a child before birth, directly from an infected mother. Thousands of babies are born dead, or die young, because of syphilitic infection, but if the disease is discovered in the mother early in pregnancy, and treatment promptly provided, nine out of ten such infected babies are born healthy.



Seven more states adopted prenatal examination laws during 1941 and 1942.

As with the premarital examination laws, voluntary social hygiene and cooperating agencies have vigorously supported health officials in securing passage of this legislation and in public education regarding the saving in health and happiness to be gained from full observance.



By 1944, four more states had fallen in line.



Now, in 1946, three-fourths of the 48 states have provided this fine sort of health protection for their coming generations. The Territory of Hawaii also made such provision in 1943, and plans are on foot in some of the other 12 states and the District of Columbia for similar safeguards.

Does your state have a prenatal examination law?

States requiring prenatal blood test for syphilis

States not requiring prenatal blood test for syphilis

PROGRESS IN STATE LAWS AGAINST PROSTITUTION

As early as 1909 some states saw the need to protect family and community from the moral and health hazards of commercialized prostitution. Pressure of this problem during the First World War and the years soon after spurred wide-spread legislative action, so that, by 1925, all states had some type of law to combat this evil.





Existence of these laws and improvement in community conditions made necessary comparatively little new legislation from 1925 to 1941; but mobilization—both military and industrial—in the national defense effort of 1939-41, and the plunge into World War II, with a great increase in prostitution activities around strategic communities, again stimulated a drive for better laws.

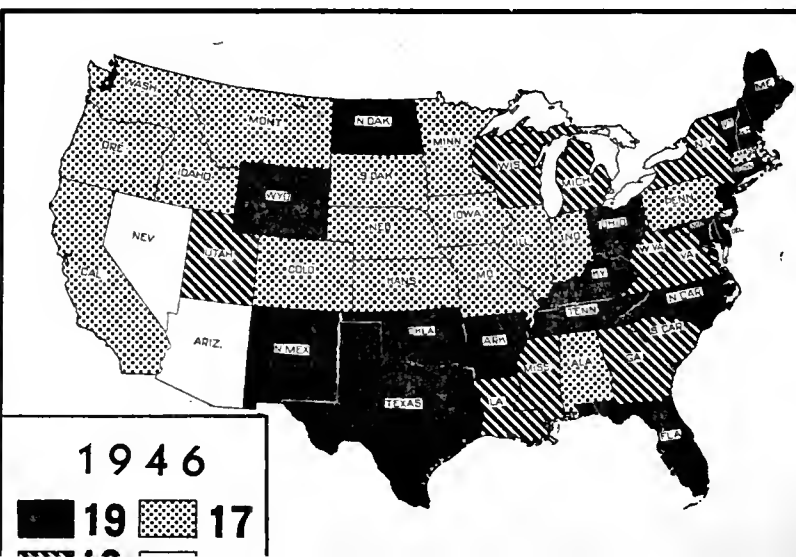
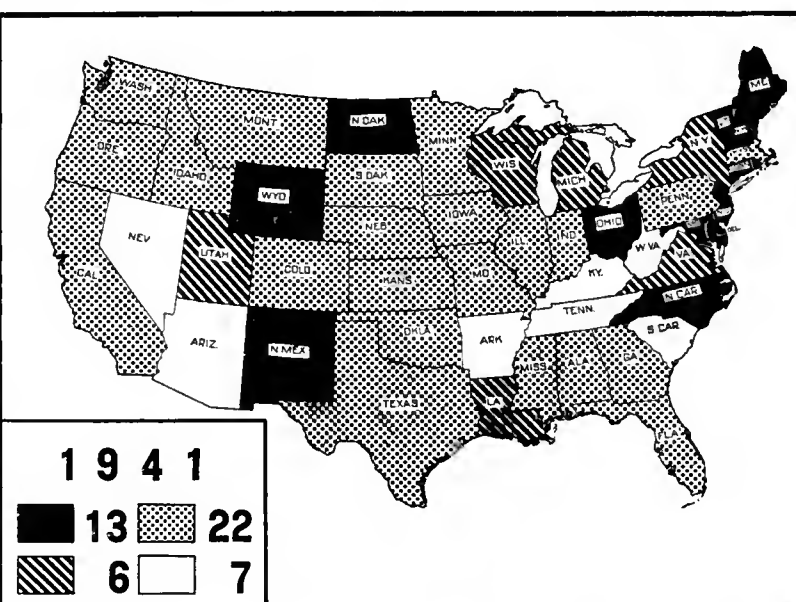
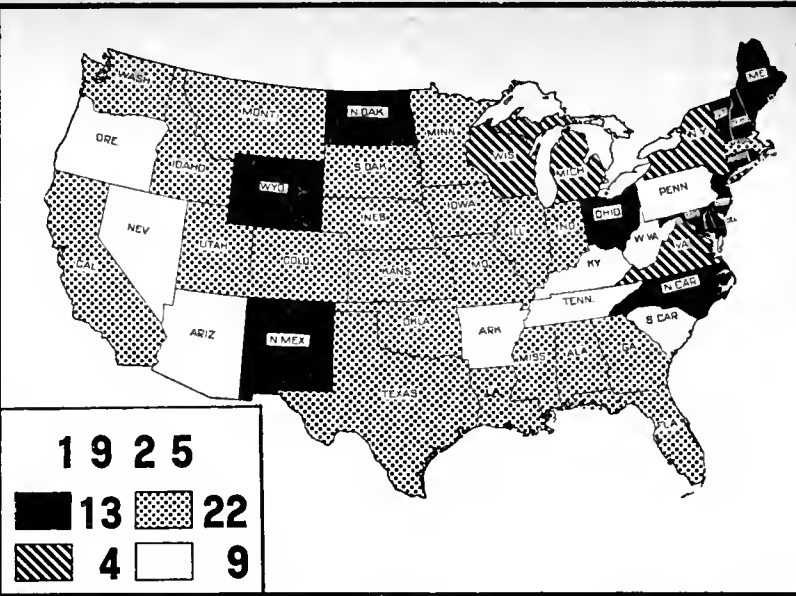
As of November 1, 1946, twenty-nine states and the District of Columbia have acceptable laws, with only two states having laws considered "inadequate."

Law enforcement officials, with the backing of public opinion, since 1941 have used these laws to close over 650 "red-light districts" or other prostitution activities, thus safeguarding youth and reducing the chances of exposure to venereal diseases.

Good laws against prostitution and promiscuity will be more than ever needed in the restless postwar years.

Is your state well equipped in this respect?

-  States having adequate laws against most aspects of prostitution
-  States having adequate laws against most aspects of prostitution except the activities of customers of prostitutes
-  States having laws against some activities of prostitutes and their exploiters
-  States having laws against activities of exploiters of



SOCIAL HYGIENE LAWS IN COURT

IMPORTANT COURT DECISIONS AND RULINGS ON OPERATION OF VENEREAL DISEASE LAWS

WILLIAM GEORGE GOULD

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The material presented below includes a discussion, supported by case citations, of the legal basis of venereal disease control activities. The purpose is to state and give some understanding of the law on several phases of this subject as evidenced in court decisions of outstanding importance. It is not an endeavor to discuss all the statutory laws dealing with the control of venereal disease but to consider the fundamental legal principles as they apply in this field. It should be noted that the cases studied were mostly Supreme Court decisions in a particular state or states, although in some instances Court of Appeal cases were included. The case citations referred to in the footnotes are naturally the interpretation of the law by the Supreme or Appellate Court in that state.

Persons concerned with public health matters are cautioned that they should seek legal advice, when they desire or seek definite answers to the issues about their powers and duties and the rights of persons subject to such health measures.

It is hoped that this material will be of some help in the operation of a sound legislative venereal disease control program.

"Among all the objects sought to be secured by governmental laws, none is more important than the preservation of public health. The duty to preserve the public health finds ample support in the police power, which is inherent in the state, and which the state cannot surrender," said Mr. Justice Thompson on February 22, 1922, when the Supreme Court of Illinois handed down an important decision regarding public health.¹ As our population increased and our civilization developed, many laws were enacted and rules and regulations, under authority of such legislation, were promulgated and issued in relation to particular matters affecting public health. Boards of health were established in all the states as provided by law; and health officers were appointed for the purpose of enforcing health measures. Generally, the authority of boards of health was prescribed by legislative enactment. The creation and organization

¹ *People ex rel. Barmore v. Robertson*, 302 Ill 422, 134 NE 815, 22 ALR 835.

of such boards have been upheld by the courts.² Although it is not only the right and duty of the state to protect the health of the people within its jurisdiction,³ such power must be exercised reasonably and cannot be used unjustly in depriving citizens of the practise and enjoyment of their lawful rights.⁴

The generally accepted principle is that police power is the inherent and plenary power a state has in prohibiting all things harmful to the health and welfare of the people. This principle is clearly set forth in the case of *Town of Lakeview v. Rose Hill Cemetery Co.* (70 Ill 191, 28 AR 71). The states or municipalities in the exercise of their police power may enact statutes and ordinances and adopt legislation or regulations for the promotion of the safety, health, morals, comfort and general welfare of society.⁵ Thus, it has been held the requirement of a certificate of freedom from venereal disease as a prerequisite to marriage is within the police power. (See *Peterson v. Widule*, 157 Wis 641 NW 966, 127 ALR 427, a leading case on the subject of premarital examination for venereal disease.) Rules and regulations when promulgated by boards of health under legislative authority have the force and effect of law, but they must be reasonable and not against the general policy of the state.⁶ The fourteenth amendment to the federal Constitution provides guarantees that no state shall deprive any person of life, liberty, or property without due process of law, and that no state shall deny any person within its jurisdiction the equal protection of the laws. The amendment was not designed to inter-

² *Belzung v. State*, 183 Ark 472, 36 SW (2d) 397.

City of Ft. Smith v. Roberts, 177 Ark 821, 9 SW (2d) 75.

Ball v. Branch, 154 Fla 57, 16 So (2d) 524.

People ex rel. Barmore v. Robertson, 302 Ill 422, 13 NE 815, 22 ALR 835.

Munk v. Frink, 75 Neb 172, 106 NW 425.

State v. Hudson County Bd. of Health, 85 NJL 13, 89 A 250.

Ward v. Cobb, 204 SC 275, 28 SE (2d) 850.

State ex rel. McBride v. Supr. Court for King County, 103 Wash 409, 174 P 973.

³ *Patrick v. Riley*, 209 Cal 350, 287 P 455.

People ex rel. Barmore v. Robertson, 302 Ill 422, 134 NE 815, 22 ALR 835.

City of Little Rock v. Smith, 204 Ark 692, 163 SW (2d) 705.

⁴ *Patrick v. Riley*, 209 Cal 350, 287 P 455.

People ex rel. Baker v. Strautz, 386 Ill 360, 54 NE (2d) 441.

People ex rel. Barmore v. Robertson, 302 Ill 422, 134 NE 815, 22 ALR 835.

People v. Weiner, 271 Ill 74, 110 NE 870, LRA 1916C, 775, Ann Cas 1917C, 1065.

Kirk v. Bd. of Health (Kirk v. Wyman), 83 SC 372, 65 SE 387, 23 LRA (ns) 1188.

⁵ *City of Little Rock v. Smith*, 204 Ark 692, 163 SW (2d) 705.

People ex rel. Barmore v. Robertson, 302 Ill 422, 134 NE 815, 22 ALR 835.

⁶ *Patrick v. Riley*, 209 Cal 350, 287 P 455.

People ex rel. Baker v. Strautz, 386 Ill 360, 54 NE (2d) 441.

People ex rel. Barmore v. Robertson, 302 Ill 422, 134 NE 815, 22 ALR 835.

Blue v. Beach, 155 Ind 121, 56 NE 89, 50 LRA 64, 80 Am St Rep 195.

State v. Normand, 76 NH 541, 85 A 899, Ann Cas 1913E, 996.

Shelby v. Cleveland Mill and Power Co., 155 NC 196, 71 SE 218, 35 LRA (ns) 488, Ann Cas 1912C, 179.

ferre with or to limit the exercise of the police power by the state for the protection of the public health, except when such power was unreasonable and clearly unlawful. A legal restraint may be imposed on the few for the welfare of the many.⁷ The courts will declare invalid any health measure which is discriminatory, unreasonable, inconsistent with the powers confirmed upon the board or opposed to the fundamental principles of justice.⁸

EXAMINATION AND REPORTING OF PERSONS WITH VENEREAL DISEASE

It is the duty of boards of health to take such action as is deemed necessary to prevent the introduction and to control the spread of infectious and contagious diseases. Venereal diseases, which include syphilis, gonorrhea, chancroid, lymphogranuloma venereum, and granuloma inguinale, are dangerous to the health of society and are subject to reasonable control measures, by the state through its police power.⁹ In a majority of states the courts have held that legislatures can delegate to the state boards of health power to designate such diseases as are contagious and infectious,¹⁰ but in Wisconsin this constitutes an unwarranted delegation of legislative power not authorized by the state Constitution.¹¹ Prompt reports of venereal disease cases to health authorities are necessary in order to maintain an effective control program. Whenever the question was raised, state legislation, local ordinances, and board of health regulations requiring prompt notification of the existence of communicable disease have been upheld as legal and valid requirements.¹²

⁷ *People ex rel. Barmore v. Robertson*, 302 Ill 422, 134 NE 815, 22 ALR 835. *Ayers v. State*, 178 Ind 453, 99 NE 730, Ann Cas 1915C, 549.

People ex rel. Lieberman v. Vandeearr, 175 NY 440, 67 NE 913, 108 Am St Rep 781 (affirmed in 199 US 552, 26 S Ct 144, 50 L ed 305).

Kirk v. Bd. of Health (Kirk v. Wyman), 83 SC 372, 65 SE 387, 23 LRA (ns) 1188.

⁸ *People v. Weiner*, 271 Ill 74, 110 NE 870, LRA 1916C, 775, Ann Cas 1917C, 1065.

Blue v. Beach, 155 Ind 121, 56 NE 89, 50 LRA 64, 80 Am St Rep 195.

State v. Robb, 100 Me 180, 60 A 874, 4 Ann Cas 275.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

⁹ *People ex rel. Baker v. Strautz*, 386 Ill 360, 54 NE (2d) 441.

Blue v. Beach, 155 Ind 121, 56 NE 89, 50 LRA 64, 80 Am St Rep 195.

Ex parte Roman, 19 Okla Cr Rep 235, 199 P 580.

Huffman v. District of Columbia, (Mun App) 39 A (2d) 558.

¹⁰ *People ex rel. Barmore v. Robertson*, 302 Ill 422, 134 NE 815, 22 ALR 835.

Ex parte McGee, 105 Kan 574, 185 P 14, 8 ALR 831.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

¹¹ *State ex rel. Adams v. Burdge*, 95 Wis 390, 70 NW 347, 37 LRA 157, 60 Am St Rep 123.

¹² *State v. Worden*, 56 Conn 216, 14 A 801.

Smythe v. State, 124 Miss 454, 86 So 870.

Brown v. Purdy, 54 NY Supr 109, 8 NY 143.

In re Reno, 57 Nev 314, 64 P (2d) 1036.

Jones v. Stanko, 118 Ohio St 147, 160 NE 456.

The health authorities can conduct an examination for venereal disease without the consent of a person or against his will when there is belief on reasonable grounds the person to be examined is infected with a communicable disease. Ordinarily health officers do not force a person suspected of being infected with a venereal disease to submit to a physical examination, including the taking of a blood test for the detection of syphilis.¹³ The courts have held that there must be more than a suspicion that an individual is infected with a contagious or infectious disease to provide sufficient cause for the examination of such an individual.¹⁴

In the Alabama case, *State v. Hutchinson* (246 Ala 48, 18 So (2d) 723), the court held that persons when quarantined lawfully are subject to such reasonable examination as is necessary to satisfy the health authorities that the release of these individuals will not endanger the public. In the case of *Wragg v. Griffin* (185 Iowa 243, 170 NW 400, 2 ALR 1327) the court said that a local board of health may not, in the absence of legislative authority, lawfully detain and force a person suspected of having a communicable disease to submit to a physical examination to determine whether he is or is not so diseased. This was held to be a deprivation of liberty without due process of law.

A municipal ordinance was declared valid by the supreme court in the state of Washington where it provided for the venereal disease examination of persons taken into custody by the police who were suspected of being infected with a communicable disease; and further provided that persons known to be suffering from "contagious venereal disease shall be removed to and kept in such place as may be designated, and there properly treated." (See *State ex rel. McBride v. Supr. Court for King County*, 103 Wash 409, 174 P 973.)

Under some statutes designed to protect the public against venereal disease, persons arrested on a charge of prostitution can be subjected to a medical examination, including a blood test for syphilis. Such a law has been held by the court in Texas not to violate constitutional provisions or be "discriminatory, or arbitrary, or unreasonable."¹⁵ In California, persons who commit acts of prostitution, including those who associate with prostitutes, as well as

¹³ *Re Milstead*, 44 Cal App 239, 186 P 170.

City of Little Rock v. Smith, 204 Ark 692, 163 SW (2d) 705.

People ex rel. Baker v. Strautz, 386 Ill 360, 54 NE (2d) 441.

Wragg v. Griffin, 185 Iowa 243, 170 NE 400, 2 ALR 1327.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

¹⁴ *Ex parte Shephard*, 51 Cal App 49, 195 P 1077.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

City of Jackson v. Mitchell, 135 Miss 767, 100 So 513.

¹⁵ *Ex parte Brooks*, 85 Texas Cr Rep 397, 212 SW 956.

their customers, can be held for examination.¹⁶ A health officer's findings that a person is infected with a communicable venereal disease is conclusive and binding, in the absence of bad faith, and cannot be challenged by habeas corpus proceedings.¹⁷ He must have acquired the facts through a reasonable and fair investigation.

QUARANTINE OF PERSONS HAVING A COMMUNICABLE VENEREAL DISEASE

Quarantine is an ancient public health measure. In the case of the *People ex rel. Baker v. Strantz* (386 Ill 360, 54 NE (2d) 441), Mr. Justice Fulton said, "Measures to prevent the spread of dangerous communicable diseases and to provide for the isolation, segregation, and treatment of those diseased are as old as history itself." The term "to quarantine persons" means "to keep them, when suspected of having contracted or being exposed to an infectious disease, out of a community, or to confine them to a given place therein and to prevent intercourse between them and the people generally of such community."¹⁸ In the Ohio case of *Ex parte Company* (*Ex parte Irvin*, 106 Ohio St 50, 139 NE 204), Mr. Justice Clark said, "Quarantine in the same sense herein used means detention to the point of preserving the infected person from contact with others." The purpose of quarantine is to prevent a healthy person from contracting the infection. It is not a cure, but it is preventive medicine. The quarantine of persons infected with a communicable disease has long been recognized by the medical profession, the public, and the courts as one of the most effective measures for the prevention of the spread of disease.¹⁹ Quarantine is for the protection of the public.²⁰

The power to adopt quarantine regulations can be conferred by legislatures upon state and local boards of health; and this is a proper exercise of police power. Quarantine regulations are essential measures for the protection of the public health, but they must not be unreasonable, arbitrary, oppressive, or in conflict with any provision of either federal or state constitutions. The right of

¹⁶ *Ex parte Clemente*, 61 Cal App 666, 215 P 698.

Ex parte Dayton, 52 Cal App 635, 179 P 548.

Ex parte Arata, 52 Cal App 380, 198 P 814.

¹⁷ *City of Little Rock v. Smith*, 204 Ark 692, 163 SW (2d) 705.

Ex parte McGee, 105 Kan 574, 185 P 14, 8 ALR 831.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

Ex parte Lewis, 328 Mo 843, 42 SW (2d) 21.

State ex rel. McBride v. Supr. Court for King County, 103 Wash 409, 174 P 973.

¹⁸ *Daniel v. Putnam County*, 113 Ga 570, 38 SE 980, 54 LRA 292.

¹⁹ *Rock v. Carney*, 216 Mich 280, 185 NW 798, 22 ALR 1178.

²⁰ *Ex parte Johnson*, 40 Cal App 242, 180 P 644.

Varholy v. Sweat, 153 Fla 571, 15 So (2d) 267.

health authorities to provide for the quarantine of persons infected with a contagious or infectious venereal disease has been upheld by the courts.²¹ Legislation may provide also for the detention and isolation of a person exposed to venereal disease; and "a person who breaks lawful quarantine is subject to punishment for so doing."²² It is a reasonable exercise of police power for a health officer to detain or isolate a person exposed to a contagious disease for the period of incubation of the disease when in the judgment of the authority such action is necessary to protect the public health. It is not necessary for the individual to be actually sick before the health authorities can restrain his liberties by quarantine.

The power to quarantine may be exercised where there is reasonable belief that the person detained or isolated is actually infected with a contagious or infectious disease, but there is no lawful isolation unless there is knowledge that the person has been exposed to the disease.²³ Mere suspicion that an individual has a communicable disease is not considered reasonable grounds for quarantine. In the Alabama case of *State v. Hutchinson* (246 Ala 48,

²¹ *Dowling v. Harden*, 18 Ala App 63, 88 So 217.

State v. Hutchinson, 246 Ala 48, 18 So (2d) 723.

City of Little Rock v. Smith, 204 Ark 692, 163 SW (2d) 705.

Ex parte Fisher, 74 Cal App 225, 239 P 1100.

Ex parte King, 128 Cal App 27, 16 P (2d) 694.

Ex parte Travers, 48 Cal App 764, 192 P 454.

State v. Raeskowski, 86 Conn 677, 86 A 606, 45 LRA (ns) 580, Ann Cas 1914B, 410.

Huffman v. District of Columbia (Mun App), 39 A (2d) 558.

People ex rel. Barmore v. Robertson, 302 Ill 422, 134 NE 815, 22 ALR 835.

Ex parte McGee, 105 Kan 574, 185 P 14, 8 ALR 831.

Ex parte Irby, 113 Kan 565, 215 P 449.

Duncan v. City of Lexington, 195 Ky 822, 244 SW 60.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

Ex parte Lewis, 328 Mo 843, 42 SW (2d) 21.

Ex parte Caselli, 62 Mont 201, 204 P 364.

Ex parte Company (*Ex parte Irvin*), 106 Ohio St 50, 139 NE 204.

Ex parte Roman, 19 Okla Cr Rep 235, 199 P 580.

Kirk v. Bd. of Health (*Kirk v. Wyman*), 83 SC 372, 65 SE 387, 23 LRA (ns) 1188.

State ex rel. Kennedy v. Head, 182 Tenn 249, 185 SW (2d) 530.

Ex parte Brooks, 85 Tex Cr Rep 397, 212 SW 956.

Ex parte James, 181 SW (2d) 83.

Ex parte Hardeastle, 84 Tex Cr Rep 463, 208 SW 531, 2 ALR 1539.

State ex rel. McBride v. Supr. Court for King County, 103 Wash 409, 174 P 973.

²² *Crayton v. Larabee*, 220 NY 493, 116 NE 355, LRA 1918 E, 432 (reversed 147 NYS 1105, 162 App Div 934).

State ex rel. Kennedy v. Head, 182 Tenn 249, 185 SW (2d) 530. Also see other cases under preceding footnote 21.

²³ *Ex parte Culver*, 187 Cal 437, 202 P 661.

State v. Raeskowski, 86 Conn 677, 86 A 606, 45 LRA (ns) 580, Ann Cas 1914B, 410.

People ex rel. Baker v. Strautz, 386 Ill 360, 54 NE (2d) 441.

People ex rel. Barmore v. Robertson, 302 Ill 422, 134 NE 815, 22 ALR 835.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

18 So (2d) 723.) Mr. Justice Livingston said, "In other words, a charge of vagrancy alone is not enough upon which to rest a reasonable suspicion that the person arrested is affected with a contagious or infectious disease." The health officer must have reliable and reasonable information which would lead him to believe that the public health would be endangered by permitting the person to be at large.²⁴

The health officer need not prove in advance that the person quarantined is in fact infected as long as there is probable cause and belief on reasonable grounds that such person has an infectious disease dangerous to the public health.²⁵ In the case of *Ex parte James*, (181 SW (2d) 83) the court said that the government's right to quarantine against the communicable diseases was as vital to human existence as the law of self defense. Persons infected or reasonably suspected of being infected with a contagious or infectious disease may be quarantined or isolated in their homes, hospitals, clinics, or other establishments set up for that purpose until they are no longer a menace to the public.²⁶

The place of quarantine is usually within the discretion of the health officer unless the state has provided a place specially for this purpose. A number of court decisions hold that a jail or penitentiary is not a proper place. In some jurisdictions a person infected with a communicable disease may be confined in a jail when such person refuses to take or continue treatment.²⁷ In Florida the Supreme Court ruled that the trial court properly ordered the petitioner to remain under quarantine for treatment when the petitioner, after being confined in the county jail, was found to be infected with gonorrhea and was quarantined there, pending transfer to a state board of health hospital.²⁸ In California the following opinion was given in regard to the authority of health

²⁴ *Ex parte Arata*, 52 Cal App 380, 198 P 814.

Ex parte Shephard, 51 Cal App 49, 195 P 1077.

People ex rel. Barmore v. Robertson, 302 Ill 422, 134 NE 815, 22 ALR 835.

Wragg v. Griffin, 185 Iowa 243, 170 NW 400, 2 ALR 1327.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

Ex parte Caselli, 62 Mont 201, 204 P 364.

Ex parte Brooks, 85 Tex Cr Rep 397, 212 SW 956.

Ex parte Hardeastle, 84 Tex Cr Rep 463, 208 SW 531, 2 ALR 1539.

²⁵ *Ex parte Arata*, 52 Cal App 380, 198 P 814.

Ex parte Johnson, 40 Cal App 242, 180 P 644.

Ex parte King, 128 Cal App 27, 16 P (2d) 694.

Ex parte Caselli, 62 Mont 201, 204 P 364.

Ex parte Hardeastle, 84 Tex Cr Rep 463, 208 SW 531, 2 ALR 1539.

²⁶ *Dowling v. Harden*, 18 Ala App 63, 88 So 217.

State v. Hutchinson, 246 Ala 48, 18 So (2d) 723.

²⁷ *State v. Hutchinson*, 246 Ala 48, 18 So (2d) 723.

Ex parte Culver, 187 Cal 437, 202 P 661.

Ex parte McGee, 105 Kan 574, 185 P 14, 8 ALR 831.

Rock v. Carney, 216 Mich 280, 185 NW 798, 22 ALR 1178.

²⁸ *Varholy v. Sweat*, 153 Fla 571, 15 So (2d) 267.

officers to quarantine individuals infected with a venereal disease in county or city jails:

"The legislature, recognizing the danger to the safety and welfare of the people in permitting persons afflicted or suspected of being afflicted with communicable diseases to run at large and expose the public to such communicable diseases, has by statute imposed upon each health officer of this State the mandatory duty of the quarantining of those persons afflicted or reasonably suspected of being afflicted with a communicable disease . . . city and county jails may be used for places of quarantine where no other public institutions are available for quarantine or where an emergency has arisen requiring the use of such jails or where the afflicted person is under confinement in the city or county jail and his quarantine in such city or county jail will not be detrimental to other prisoners." (See *California's Health*, Sacramento, 2:26, Aug. 31, 1944.) A board of health, according to a Michigan Court decision, cannot, without express authority, refuse isolation in the home of the patient who is quarantined.²⁹

Where information is received that a woman is conducting a house of prostitution and is also engaging in prostitution in such a house, it is considered reasonable grounds for the health officer to believe that she is infected with a communicable disease; and accordingly can quarantine her. The mere suspicion, however, that a person is a prostitute is insufficient, and the health officer cannot lawfully detain her. Where a suspected person has been exposed to a prostitute and where it was known another individual had contracted a venereal disease from such prostitute, it was reasonable grounds for belief that the suspected person was infected; and could be quarantined until the presence or absence of the disease was determined.³⁰ The period of quarantine may be for as long as is necessary to insure against the spread of the disease. A person who is quarantined must be released from detention if it is shown he is no longer infectious.³¹ The decision as to the appropriateness of such a release from quarantine is usually a matter within the discretion of the health officer.³²

HABEAS CORPUS PROCEEDING

The writ of habeas corpus is one of our priceless heritages from the English Common Law. It is, for each man who is deprived of his liberty, a speedy and effective weapon to test the legality of

²⁹ *Rock v. Carney*, 216 Mich 280, 185 NW 798, 22 ALR 1178.

³⁰ *Ex parte Clemente*, 61 Cal App 666, 215 P 698.

Ex parte Arata, 52 Cal App 380, 198 P 814.

Ex parte Shephard, 51 Cal App 49, 195 P 1077.

³¹ *State v. Hutchinson*, 246 Ala 48, 18 So (2d) 723.

Ex parte Roman, 19 Okla Cr Rep 235, 199 P 580.

³² *City of Little Rock v. Smith*, 204 Ark 692, 163 SW (2d) 705.

Ex parte Irby, 113 Kan 565, 215 P 449.

his detention. The primary object of the writ of habeas corpus is to make a judicial inquiry into the right under which a person is held.³³ It cannot be used to determine guilt or innocence of a prisoner but to ascertain whether he is restrained of his liberty by due process of law. Habeas corpus will lie to challenge the legality of the detention where one suspected of being infected with a contagious or communicable disease is confined under a quarantine regulation. The writ of habeas corpus lies also to inquire into the detention of a person known to be infected with a disease, or known to have been exposed to a contagion.³⁴ In *Ex parte McGee* (105 Kan 574, 185 P 14, 8 ALR 831) a writ of habeas corpus was denied on the grounds that an infected person quarantined at a public institution is not entitled to a discharge because he is able "to provide himself with proper treatment at an isolated place in the locality of his residence." The court can determine the authority of quarantine under the particular health statute or ordinance; or whether the detention was within the scope of the authority of the board of health; or whether the quarantine was reasonable or humane in character.³⁵ The exception to the rule that all persons quarantined may seek a hearing in court on a writ of habeas corpus to test the right of detention was held good law in the state of Washington. Under the Washington state constitution the findings of the state board of health are final in regard to cases on appeal to the board of health.³⁶

PERSONAL LIABILITY OF HEALTH OFFICERS

"It is a well-settled principle that a health officer, who by statute is authorized to take action for the prevention of the disease, is not liable for injuries resulting from such reasonable and customary measures as he may in good faith adopt or direct for that purpose with regard to persons subject to his jurisdiction," the learned judge said in *Rock v. Carney* (216 Mich 280, 185 NW 798, 22 ALR 1178). Health officers or those under them, or board of health employees, may be personally liable for negligence or improper acts, or when their actions are beyond the scope of their authority (known as the *ultra vires* acts). Also the unreasonable, malicious, arbitrary, or oppressive action or negligent acts causing unnecessary

³³ *Porter v. Porter*, 60 Fla 407, 53 So 546, Ann Cas 1912 C, 867.

Smith v. Henson, 298 Ky 182, 182 SW (2d) 666.

Buchanan v. Buchanan, 170 Va 458, 197 SE 426, 116 ALR 688.

³⁴ *Lacy v. Palmer* (*Ex parte Lacey*), 93 Va 159, 24 SE 930, 31 LRA 822.

State v. Hutchinson, 246 Ala 48, 18 So (2d) 723.

People ex rel. Barmore v. Robertson, 302 Ill 422, 134 NE 815, 22 ALR 835.
Commonwealth v. Cairns, 20 Pa Dist 453.

³⁵ *Ex parte Harcastle*, 84 Tex Cr Rep 463, 208 SW 531, 2 ALR 1539.

Ex parte Rothrock, 19 Okla Cr Rep 234, 199 P 581.

Commonwealth v. Cairns, 20 Pa Dist 453.

³⁶ *State ex rel. McBride v. Supr. Court for King County*, 103 Wash 409, 174 P 973.

damages, on the part of members of boards of health, the officers or other employees resulting in injuries will support a claim for personal liability against them. A mere error of judgment or discretion, however, does not create liability, where such officials or employees act in good faith. In some instances, statutory provisions impose liability even when there is an absence of malice or corruption on the part of health authorities. Personal liability usually depends upon proof of bad faith. The health officer must comply strictly with the procedure authorized by law in preventing and controlling communicable diseases. He should use due care when he finds it necessary to invade individual rights for the protection of the public health.

A municipality is not liable for the act of its health officer who negligently quarantines a person on an erroneous diagnosis that he has a communicable disease.³⁷ A city was held to be not liable for the actions of its police and health officers in maliciously arresting a woman, making a test of her blood and confining her in jail for the treatment of a fictitious disease, on the ground that such acts were in the discharge of a governmental duty. The health and police officials, however, would be guilty and liable.³⁸

³⁷ *Crayton v. Larabee*, 220 NY 493, 116 NE 355, LRA 1918 E, 432 (reversed 147 NYS 1105, 162 App Div 934).

Valentine v. Englewood, 76 NJL 509, 71 A 344, 19 LRA (ns) 262, 16 Ann Cas 731.

³⁸ *Franklin v. City of Seattle*, 112 Wash 671, 192 P 1015, 12 ALR 247.

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Wednesday, February 5, 1947

SEVEN YEARS' EXPERIENCE WITH PREMARITAL AND PRENATAL EXAMINATIONS FOR SYPHILIS IN NEW JERSEY

GLENN S. USHER, M.D.

*Chief, Bureau of Venereal Disease Control, New Jersey State Department
of Health, Surgeon, U. S. Public Health Service*

AND

JOHN HALL

Executive Secretary, New Jersey Health and Sanitary Association

PREMARITAL EXAMINATIONS

The premarital laws of the various states differ widely. Therefore, perhaps it would be well to point out that New Jersey's premarital law requires a blood test of each applicant for a marriage license, but allows marriage if the person has syphilis in a stage which, in the opinion of the physician, is not or will not become communicable. Exception to the requirements of the law is made in certain criminal cases. Blood test reports are accepted from approved laboratories in New Jersey, from all State laboratories, and from the laboratories of the cities of New York, Philadelphia, Baltimore and Washington, and from Army, Navy, and Marine Hospital laboratories.

Our premarital law became effective July 1, 1938. Thus, up to June 30, 1945, we have had seven years in which to observe its effect in protecting marriage from syphilis, in preventing congenital syphilis, and in case-finding to break the chain of infection in the epidemiologic sense.

In these seven years 567,962 premarital blood tests have been performed by or reported to the State Health Department. Of these, 8,458 were positive. Judging from the experience of the three laboratories which performed most of these tests probably about 1,256 of the 8,458 positive tests were duplicates. Thus, about 7,200 different persons have been found to have positive blood tests. This is at the rate of about 1,000 syphilitic infections discovered per year. Unfortunately, we have no data to indicate how many of these infections were previously known and how many were first discovered as a result of these blood tests. However, as will be shown later, during six years, about 35 per cent of the infections discovered by *prenatal* blood-testing were previously known. If we assume the same proportion for premarital testing the newly discovered syphilitic infections have averaged about 650 per year. Actually the discovery rate probably is somewhat higher than this, since a person who knows he is not eligible for marriage is not likely to apply for a license.

TABLE I

WHAT HAPPENED TO PERSONS WITH POSITIVE PREMARITAL BLOOD TESTS

(Results of questionnaires sent to physicians who had the tests made)

Percentage	1939	1940	1941	1942	1943	1944
Marriage certificates granted	54	68	63	61	61	60
Marriage certificates refused	33	29	35	33	33	37
No report	13	3	2	6	6	3

From *Table I* it is seen that marriage licenses were quite consistently refused to about one-third of the persons with the positive tests. By a strict interpretation of the law this is *prima facie* evidence that in this proportion of the cases the person was capable of transmitting syphilis to the intended marital partner, and through the mother to any offspring which would have resulted from the marriage.

An incidental point to be observed from *Table I* (in fact from this whole report) is the excellent cooperation of physicians in replying to our questionnaires, from which the following data were compiled:

TABLE II

WHAT THE PEOPLE DID WHO WERE REFUSED MARRIAGE CERTIFICATES

Percentage	1939	1940	1941	1942	1943	1944
Marriages postponed	63	60	62	61	65	68
Marriages out of state	11	8	10	8	6	6
Result not known	26	32	28	31	29	26

We see from *Table II* that the percentage of persons with potentially communicable syphilis who are reported as evading New Jersey's premarital law by marrying in other states has not varied greatly from year to year. The only way this evasion could be avoided is by means of uniform premarital examination laws throughout the country. Delaware and Maryland, with no such laws, are easily accessible and probably get the most of our evaders. Even these cases, however, have probably benefited by our law. Their infection and the desirability of doing something about it have been brought to their attention and it is reasonable to suppose that some of them seek treatment.

TABLE III

POSITIVE CASES THREE MONTHS AFTER PREMARITAL TESTS

Percentage	1939	1940	1941	1942	1943	1944
Under treatment	53	59	57	45	48	44
Not under treatment	11	12	13	44	41	43
Location not known	26	25	29	11	8	4
Treatment no longer necessary, et cetera . . . . .	..	..	..	..	..	5
Not stated	10	4	1	..	..	..
Inducted into Army and Navy . . . .	..	..	..	..	3	4

From the two tables previously discussed it is reasonable to conclude that in New Jersey the premarital examination law has proved to be a comparatively effective means of safeguarding marriage against syphilis. From *Table III* it is seen that about half of the positive cases were under treatment three months after the test. Why the percentages should show a decrease after 1940 is not known unless the shortage of physicians during the war had something to do with it. Another possible factor is the recent emphasis on education of physicians to avoid over-treatment of late cases. The noticeable shift between 1941 and 1942 in the percentages of "Not under treatment" and "Location not known" was caused by a change in policy in tabulating the cases. Prior to 1942, when the physician was not definite in regard to the treatment status, the patient was classified as "location not known." From 1942 on, however, such cases were classified as "not under treatment" and those likely to be infectious were reported to local Health Officers as delinquent. Unfortunately we do not know how many had already had adequate treatment prior to the test so that there was no need for them to be under treatment three months later in spite of their positive serology.

TABLE IV
POSITIVE CASES REPORTED AS DELINQUENT TO LOCAL
HEALTH OFFICERS

	1939	1940	1941	1942	1943	1944
Number reported	107	164	264	372	297	273
Percentage returned to treatment..	50	67	59	59	55	51

Of the cases reported by physicians as "Not under treatment" or "Location not known" a total of 1,477 persons were reported to local health officers as delinquent in 6 years. About sixty per cent of these (880) were returned to treatment according to reports to the State Health Department.

When used as a measure of the prevalence of syphilis premarital blood tests provide an index for the young adults in our state. For this segment of the population in New Jersey we find from the reports of three leading laboratories 11.5 positive tests per thousand (5.7 men and 5.8 women).

PRENATAL EXAMINATIONS

New Jersey's prenatal examination law carries no penalty clause. Its purpose is purely educational.

TABLE V
PRENATAL BLOOD TESTS

	1939	1940	1941	1942	1943	1944
Total live births	56,859	59,328	67,104	80,863	82,356	74,194
Prenatal blood tests	42,863	52,940	62,852	78,774	58,376	66,804
Positive tests	640	735	874	1,263	794	886
Per thousand positive	14.9	13.9	13.9	16.0	13.6	13.3

Data are not available as to how many of the prenatal blood tests shown in *Table V* were duplicates. The fact that it is impossible for the laboratories to identify many of the blood samples as having been sent in for prenatal examination makes a considerable discrepancy between the number of births and tests reported above. Studies of birth certificates, which have spaces provided for the physician to record the prenatal blood tests, indicate that most pregnant women are now receiving the tests. This is shown in another form in *Table VI* below.

The prenatal law went into effect January 1, 1939. From that date through June 30, 1945, a total of 396,386 prenatal tests were recorded, revealing 5,732 positives. Thus, an average of at least 900 cases of syphilis per year are being either discovered for the first time or reminded of their infections when treatment is imperative for the protection of the unborn baby.

QUESTIONNAIRES TO PHYSICIANS CONCERNING POSITIVE PRENATAL CASES

	1939	1940	1941	1942	1943	1944
Questionnaires sent	301	285	410	399	339	410
Replies received	269	253	379	370	310	369

TABLE VI

TIME OF TAKING BLOOD TEST

Percentage	1939	1940	1941	1942	1943	1944
Tested before fifth month.....	31	39	39	43	44	42
Tested fifth to eighth month	55	48	51	44	45	50
Tested at or near birth	12	8	8	9	7	5
Total percentage tested	98	95	98	96	96	97
Unknown or not stated	2	5	2	4	4	3

TABLE VII

TREATMENT AMONG WOMEN RECEIVING PRENATAL TESTS

Percentage	1939	1940	1941	1942	1943	1944
Not showing syphilis or not pregnant	9	9	13	16	20	16
Syphilis previously known	23	35	45	49	53	56
Syphilis previously treated	20	35	43	47	49	50
Treated after prenatal tests	68	79	77	73	75	73

Table VI is rather discouraging. It indicates that less than half of the prenatal tests were performed before the fifth month of pregnancy, and 5 per cent are even now being performed at or near birth. The data, however, give some evidence of improvement in successive years. These figures call for renewed efforts to get women to their physicians earlier in pregnancy and to urge physicians to take a blood test at the *first* visit of every pregnant woman.

From *Table VII* it is apparent that increasing percentages up to a half of the women with positive prenatal tests are previously known to have syphilis. Thus, with at least 900 positive prenatal

tests per year, the number of cases of syphilis newly discovered by this means is now probably about 450. We are probably safe in concluding that this demonstrates a steady improvement in the case-finding portion of our entire venereal disease control program. The natural result, as shown by these figures, is that this group of persons who are subjected to routine examinations know already of the syphilitic infections which exist among them. It will be interesting to observe whether this trend continues in future years.

TABLE VIII

TREATMENT IN PREGNANCY

(Answers to 115 questionnaires sent to physicians only in year 1940)

	Number	Per Cent
No treatment	7	6
1-10 treatments	30	26
11-30 treatments	46	40
Over 30 treatments	16	14
Not stated	16	14

When *Table VIII* is compared with *Table VII* for year 1940 one can see that once the syphilitic infection is discovered physicians have been quite successful in getting patients to submit to treatment throughout the remainder of pregnancy. Fifty-four per cent of the patients received more than ten treatments before delivery in spite of the fact that more than half of the total number of patients concerning whom queries were sent received their blood tests after the fifth month. The problem, then, is to obtain the blood tests before the fifth month of pregnancy. Presumably there has been an improvement in this, but we have the figures only for this one year.

WHAT HAPPENED TO THE BABIES WHOSE MOTHERS HAD POSITIVE BLOOD TESTS

During two years (1942-3) we sent a special questionnaire to physicians shortly after the time when a baby was due to be born of a woman whose prenatal blood test suggested that she was syphilitic. A high percentage of these replies came in but indicated a not very complete check on whether or not the babies had syphilis. Summaries of the replies are given below.

TABLE IX

BABIES BORN OF SYPHILITIC WOMEN

	1942	1943
Abortion, miscarriage, still birth	25	26
Baby died soon after birth	3	3
Wassermann positive on baby	9	2
Wassermann negative or doubtful.....	43	14
No test on baby	137	81
Moved, cannot locate	42	14
No answer from physician	52	109
Total cases followed	311	249

Table IX demonstrates the end results. By adding the first three items it is seen at least 12 per cent of these babies either died early or were later found to have syphilis. Admittedly these are small samples but there is no apparent reason to think that they were biased.

Many workers have shown clearly that adequate treatment of the mother is very effective in preventing transmission of the infection to the unborn child. Thus again in *Table IX* we see the urgent need for blood tests earlier in pregnancy. The tabulation also demonstrates the need for better follow-up of the offspring of syphilitic mothers.

TABLE X
REPORTS TO NEW JERSEY STATE HEALTH DEPARTMENT

Year	Deaths from Syphilis Under One Year of Age	Syphilis Cases Under One Year of Age
1931.....	44	..
1932.....	43	..
1933.....	33	..
1934.....	29	107
1935.....	25	..
1936.....	23	80
1937.....	22	..
1938.....	20	75
1939.....	21	57
1940.....	13	66
1941.....	13	60
1942.....	10	..
1943.....	10	25
1944.....	2	19

These tables are a striking indication of what is going on in prenatal syphilis in New Jersey. The trend was definitely downward before the prenatal and premarital laws were passed but the proportionate decrease has been greater, especially in deaths, since 1939. It is well known, of course, that the reporting of cases and deaths from syphilis is incomplete, but there is no reason to think that reporting is less complete now than it was five or ten years ago. In fact, it is probably better. Therefore, it is believed that the downward trend in the tables is real.

SUMMARY

The available evidence indicates that the premarital and prenatal examination laws in New Jersey have been successful. As a case-finding procedure these two laws (since 1939) have been the means of discovering about 1,100 previously unknown syphilitic infections *each year*. Positive *premarital* tests are obtained in 11.5 cases per thousand, with a slightly downward trend in the seven years. Of the positive premarital cases about one-third are refused the certificates for getting married and are therefore presumed to have syphilis in a potentially communicable stage. About 8 per cent evade the law by marrying in other states thus demonstrating the need for more uniform laws throughout the country. About half of the cases discovered were under treatment for at least three months after the test.

Prenatal blood tests have been positive in the ratio of about 14.0 per thousand. Of the 800 prenatal cases per year with positive tests 23 per cent in 1939, increasing steadily to 50 per cent in 1944, already knew they had syphilis. This is taken to indicate that syphilis case-finding procedures have been increasingly effective in recent years.

Data are presented which indicate a need for renewed efforts to get women to their physicians early in pregnancy and to persuade physicians to take a blood test at the *first* visit of every pregnant woman. A real weakness still exists in frequent neglect of careful examination of the baby for syphilis, including a blood test. Until this is universally requested by parents the full benefit of the laws will not be obtained.

In spite of these needs, however, the downward trend of congenital syphilis continues. Undoubtedly a substantial part of this trend may be attributed to the premarital or prenatal examination laws.

By way of comment it can be said that cooperation with these laws by physicians and by the general public has been excellent. With respect to the premarital law the most serious source of error has been a tendency on the part of a few physicians to consider any patient with a positive blood test as potentially infectious and to withhold marriage certificates from these persons. It is not uncommon to receive a letter from a physician asking what to do about a patient with congenital syphilis who is "Wassermann fast." The answer, of course, is that all such cases should be allowed to marry. With the aid of the State Medical Society our Division has set up a definition of potential infectiousness which has been made available to physicians. This has been helpful and there is evidence that physicians are gaining a better understanding of the intent of the laws.

FORMS USED BY N. J. STATE HEALTH DEPT. IN COLLECTING ABOVE DATA

NEW JERSEY STATE DEPARTMENT OF HEALTH
BUREAU OF VENEREAL DISEASE CONTROL
COOPERATING WITH THE
UNITED STATES PUBLIC HEALTH SERVICE
TRENTON, N. J.

V. D. 42

Dear Doctor:

Our records show that a sample of blood, sent by you to a public laboratory from the following person, was positive for syphilis:

JOHN DOE

Since this was indicated as a **PREMARITAL TEST**, we are asking for a confidential statement on the form below. Please be sure to check two squares—one about marriage and one about treatment. *Note, also the last square for reporting a person delinquent from treatment.*

Your assistance in enabling us to get the full value of the Premarital Examination Law will be very much appreciated.

J. LYNN MAHAFFEY, M.D.
Director of Health

Very truly yours,
By A. J. CASSELMAN
A. A. Surgeon, U.S.P.H.S.

- ☐ I gave the certificate because, in my opinion, this person did not have syphilis in a stage which may become communicable.
- ☐ I did not give the certificate.
To the best of my knowledge this person did not get married.
- ☐ I did not give the certificate.
This person went out of the state and got married.
- ☐ I did not give the certificate.
I do not know whether or not this person got married.
- ☐ This person is receiving proper treatment for syphilis by
- ☐ This person is *not* receiving proper treatment for syphilis.
- ☐ I do not know anything about the treatment of this case.
- ☐ *This person should be followed up as a potential source of infection. This is my report on a delinquent as required by the V.D. control law.*

NOTE: If this person is a woman and if she has been married, her new name and address written here will be helpful.

.....

Signed, M.D.

V. D. 40

Dear Doctor:

Our records show that a sample of blood from the following person, tested for you by a public laboratory, was positive for syphilis:

MARY DOE

As this was marked **PRENATAL TEST**, we are asking for a confidential statement on the form below. Such information is of real importance in helping us learn the value of the Prenatal Blood Test Law. You may use the enclosed envelope which requires no postage.

One of the field workers of this Department may get in touch with you shortly after you have returned this form to see if she can be of assistance to you in keeping this woman under treatment.

J. LYNN MAHAFFEY, M.D.
Director of Health

Very truly yours,
By A. J. CASSELMAN
A. A. Surgeon, U.S.P.H.S.

In what month of pregnancy was this sample taken?
Did you make a diagnosis of syphilis in this case?
If so, was her infection previously known to the woman?
Had she been treated previously for syphilis?
Has regular treatment for syphilis been given since this test?
By whom?
If the child has been born, what is its condition?
.....
Does child show evidences of syphilis by blood test or otherwise?
Explain:
☐ Check here if this case is delinquent from treatment and should be followed
up by State or local health authorities.
Remarks:
.....
.....

Signed, M.D.
Address

V.D. 41-a

FOLLOW-UP OF INFANT WHOSE MOTHER HAD A POSITIVE BLOOD TEST

Please complete this form and return it to the N. J. State Department
of Health.

Our records of a prenatal blood test indicate possible syphilis in the following
case:

MARY DOE AND BABY DAUGHTER

Has the baby had a blood test for syphilis?
If so, how old was the baby when the test or tests were made?
Result?
Has a diagnosis of syphilis in the baby been made?
If so, is antisyphilitic treatment being given to the baby?
Approximately how many treatments were given to the mother before deliv-
ery?
☐ Check here if this case is delinquent from treatment and should be followed
up by state or local authorities.

Signed M.D.
Address

PREMARITAL AND PRENATAL LEGISLATION IN CANADA *

JOSEPH LICHSTEIN

*Acting Director, Social Hygiene Division,
Health League of Canada*

In 1945, roundly 15,000 cases of syphilis and 25,000 cases of gonorrhea were reported in Canada by the Dominion Bureau of Statistics. This is probably only part of the picture, since not only are many known infections (especially of gonorrhea) unreported to the Bureau but, medical authorities claim, only half of all syphilitics are aware that they are infected, due to unrecognizability or absence of outward symptoms.

Last year's combined figures (40,515) constituted a 5 per cent increase over the 1944 total (38,757) and 100 per cent above the total (20,066) for 1940, the first complete war year. During this six-year period there was a continuous yearly rise.

Already, during the first six months of 1946, a total of 21,933 cases of venereal disease has been reported—constituting an increase of 3,394, or 18.31 per cent, over the corresponding period last year, when the total was 18,539. (Increase in syphilis 853, or 11.5 per cent; gonorrhea, increase 2,528, or 22.8 per cent.) Fortunately, however, since February, 1946, the trend has been steadily downward, by midyear approaching closely the 1945 level.

In view of the seriousness of the venereal disease situation, also recognizing the protective value of the serological test, as well as the fact that 90 per cent of all Canadians marry—the majority between twenty and thirty, an age group in which venereal disease is rampant—the Health League of Canada, particularly during the past year, has been intensifying its efforts to gain popular support for legislation to safeguard against syphilis.

PREMARITAL LEGISLATION

Probably the first large-scale move toward that end began with the passing of the following previously prepared resolution at an open session of the League's 26th annual meeting on October 30, 1945:

“Resolved, That a general medical examination, including a serological test for syphilis, should be required before the issuance of a marriage license by the civil authority or the publication of banns by clergymen.”

Besides being widely publicized through the press and Health League printed reports, as well as at four Toronto public panel

* The text of this brief article is based on two longer articles by the author under the title, *Insuring Marriage and the Newborn Against Syphilis*, which appeared in *Health*, published by the Health League of Canada, Toronto, Summer and Autumn, 1946.

discussions, the resolution received nation-wide distribution through 35,000 copies of *The Social Hygiene Voice*, the League's 1946 Social Hygiene Day bulletin—with the following appeal added:

"Every reader of this message (with the exception of those residing in the provinces where adequate premarital legislation may already be in effect) is urged to prevail upon his or her organization—be it a business, service, church or social club, a parent-teacher, labor, civic, or woman's group—to give serious consideration to this vital problem, with a view to obtaining endorsement of the above-quoted or similar resolution at all possible meetings and conventions and making this action known to the provincial ministers of health and welfare, the attorney-general, and members of parliament. Only in such a way can governments be definitely assured that certain measures are desired by the people."

To date, support for the resolution or of the principle has come forth from numerous powerful organizations—in many instances the provincial members of parliament having also been called upon by the cooperating groups to use their influence with their respective governments for the desired measure.

An appeal similar to the one in the *Voice* is contained in the League's latest pamphlet, *The Case for Premarital Blood Testing*, which also is receiving wide distribution.

So far, since July 1, 1945, four provinces have put in force legislation for premarital blood testing—that is, for "a general medical examination, including a serological test for syphilis" before marriage. They are:

Province	Date Passed	Date Effective	
British Columbia . . .	1938		Legislation, calling for the blood test only, has not yet been put in operation "largely for lack of facilities."
Saskatchewan	Mar. 30, 1945	Sept. 1, 1945	With its 1933 Marriage Act, Saskatchewan was the first province to make a beginning toward its present adequate legislation.
Alberta	Apr. 6, 1945	July 1, 1945	First step taken in 1935.
Prince Edward Island	Mar., 1946	July 1, 1946	
Manitoba	Mar., 1946	Oct. 1, 1946	

The passing and enforcement of the 1946 laws had undoubtedly been encouraged by results of a national Gallup Poll held in January (and released on Social Hygiene Day), which revealed that an average of 89 per cent of Canada's citizens favored "a law requiring both men and women to take a physical examination and blood test before they marry." This represented a gain of 5 per cent over the figure recorded in a similar poll held in May, 1943. Significantly, in the recent survey, French Canada (Quebec) favored this compulsory legislation to the extent of 80 per cent.

The main general or common features of Canada's premarital examination laws are: (a) that all persons contemplating marriage are required, within a stated period (varying in different provinces from ten to thirty days) immediately preceding the day set for the solemnization of marriage, to submit to a legally qualified physician for a general medical examination "including a serological test for syphilis"; also (b) that no issuer shall issue a marriage license, nor shall any clergyman publish the banns of a marriage, unless the bride and groom each produce a doctor's certificate giving evidence of their compliance with the provisions of the law in this respect.

The results of all tests, as also treatments, are kept strictly confidential, whether in the office of the private physician or in one of Canada's ninety-one free government clinics. Further, the medical certificate which must be produced to the license issuer or clergyman bears a minimum of information, so as not to cause any needless embarrassment, since the certificate's main purpose here is to furnish proof that the prescribed "medical" has been taken. The public-health authorities undertake the responsibility of making certain that any discovered infection receives early attention to ensure the protection of those involved. In any event, there are compulsory-treatment laws in effect in all provinces, to ensure that any person found, as a result of the test, to be suffering from syphilis will be required to take treatment in order to protect the public health.

PRENATAL EXAMINATION

Notwithstanding an 85 per cent vote in favor of compulsory *prenatal* blood testing, in the mentioned Gallup Poll, and whereas thirty-six of America's forty-eight states now have this prenatal law, Canada thus far has none, although an approach toward it has twice been made in the Ontario House (as also toward a premarital law, through private bills). However, the following *permissive* legislation, proposed at the March, 1946, Ontario parliamentary session by the provincial minister of health (as an amendment to Section 74a of the Ontario Public Health Act), came into force on October 1:

"*Every expectant mother* may obtain a free medical examination upon making application in the prescribed form to a duly qualified medical practitioner. . . ."

This service is offered and provided in the hope that it will "reduce infant and maternal mortality rates, reduce the number of babies born with diseases [including venereal] or afflictions caused by prenatal disease in the mother, and reduce disease generally."

It is confidently expected that the next two years will see the enactment or enforcement of premarital or prenatal laws in one or more additional provinces.

NEW FRENCH LAW FOR REPRESSION OF PROSTITUTION GOES INTO EFFECT

As stated in previous issues of the JOURNAL,* the Constituent Assembly of France, in April 1946, unanimously approved a new law designed to repress commercialized prostitution throughout the Republic. October 13, 1946, six months from the date when the new law became effective, was set as the deadline for closing of the brothels, and according to newspaper reports, this rule was strictly observed. A story by William Attwood, of the Paris Bureau of the *New York Herald Tribune*, under date of October 7, said:

For the first time in many a year, there was not one legal brothel open for business in Paris today . . . the last of the city's "houses of tolerance" padlocked its doors early today after an evening of farewell celebrations. . . . Tonight establishments of world-wide notoriety were dark and shuttered and the inmates were elsewhere. Next week the houses will be requisitioned by the government and presumably will be converted into residential quarters to relieve the acute housing shortage.

Pending official confirmation of this news, and details of the law's operation, we publish here a provisional translation of the text, as it appeared in a publication of the Group for Moral and Social Action, of 28, Place St-Georges, Paris (9), supplementing an article, *The End of a Scandal: the Brothels Will Be Closed*, by Paul Gemaehling, professeur a la Faculte de Droit de Paris, and Daniel Parker, secretary general of the group.

TEXT OF THE LAW (PROVISIONAL TRANSLATION)

LAW NO. 46-685 OF APRIL 13, 1946, DEALING WITH THE CLOSING OF HOUSES OF PROSTITUTION AND THE STRENGTHENING OF THE CAMPAIGN AGAINST PROCURING

(From the *Official Journal* of April 14, 1946)

The Constituent National Assembly has adopted, and the President of the Provisional Government of the Republic promulgates the law of which the text follows:

ARTICLE I—Houses of prostitution (brothels) are forbidden throughout the whole of the national territory.

The closing of these houses shall go into effect from the date on which the municipal authority shall cancel their licenses. This cancellation shall become effective, at the very latest, following the waiting periods given below:

One month for communities of less than 5,000; three months for communities of more than 5,000 and less than 20,000; six months for communities of more than 20,000.

The closing of these establishments is final and no claim for indemnity shall be considered.

All licenses for the sale of liquor granted to owners, managers or tenants of establishments dealt with in the present law shall be withdrawn without claim for indemnity following the closing ordered by the municipal authorities.

At the expiration of the waiting periods given above, the premises occupied by all establishments (persons) considered in the first paragraph shall be vacated. The Prefect shall determine how they shall be dealt with, conforming to the ordinance of October 11, 1945.

ARTICLE II—Articles 334 and 335 of the Penal Code are amended to read as follows:

* See February, page 81, April, page 220, and October 1946, page 343.

Article 334—Anyone shall be considered a panderer or procurer and punished by imprisonment of from six months to two years and pay a fine of from 20,000 to 200,000 francs who:

1. Knowingly aids, assists or participates in any manner in the prostitution of other or procuring for prostitution;

2. Shares in any form whatever in the earnings of the prostitution of others or receives sums from any person habitually engaged in prostitution;

3. Lives with a person known to him to engage habitually in prostitution and is unable to produce evidence of other resources adequate for his own subsistence;

4. Procures for or inducts into prostitution a woman or girl, even though she has attained her majority, or debauches her;

5. Serves in any way as intermediary between persons engaged in prostitution or debauchery and individuals who exploit or gain by prostitution or the debauchery of others.

Article 334a—The penalty shall be imprisonment of from two to five years and a fine of 50,000 to 500,000 francs in the following cases:

1. When the offense has been committed against a minor;

2. When the offense has been accompanied by force, the abuse of authority or fraud;

3. When the offender (against the provisions of this law) carries a weapon either openly or concealed;

4. When the offender (against the provisions of this law) is husband, father, mother or guardian of the victim, or belongs to any of the categories enumerated in Article 333;

5. When the offender (against the provisions of this law) by reason of his official position, is called upon to take part in the campaign against prostitution, the protection of the public health or the maintenance of public order.

The penalties set forth in this article or in provisions referring to public solicitation shall apply to anyone who

shall do damage to the public morals, by habitually stimulating, aiding, or facilitating the debauch or corruption of youth of either sex below the age of twenty-one, or in the case of minors of sixteen years shall thus offend even occasionally.

The penalties set forth in *Article 334* and in the present article shall apply, even though the violations of the law shall have been committed in a foreign country or countries.

Article 335—Any person who maintains, either directly or through an intermediary, directs, manages or takes part in the management of a house of prostitution or who habitually permits (with knowledge) the presence of one or more persons engaging in prostitution in a hotel, furnished house, boarding house, café, club, circle, dance-hall or show-place or annexes to such buildings, or in places of any kind open to the public or used by the public of which he is the owner, manager or the officer, shall be subject to the penalties set forth in the preceding article. The same penalties are applicable to all persons who are associated with the above-named owners, managers, or officers. In the case of repeated violation within a ten-year period, the penalties shall be doubled.

In all cases where the criminal acts shall take place in an establishment described in the preceding paragraph and for which the owner, manager or operator is liable under the preceding article, the penalty shall include the revocation of license held by the defendant, and further, his establishment may also be closed.

Those guilty of the offenses, actual or attempted, set forth in *Articles 334* and *334a* and in the present article shall also be deprived for not less than two years and not more than twenty years, from the date on which such offenses are committed, of the rights enumerated in *Article 42* and shall be forbidden all guardianship or trusteeship.

In all such cases the guilty parties shall, following their arrest or conviction, be liable, in addition, to loss of legal residence during ten years or more.

Any attempt to commit the offenses set forth in *Articles 334, 334a* and in the present article shall be punished by the same penalties or provided for the offenses themselves.

ARTICLE III—Anyone who, by gestures, speech or the written word, or by any other means publicly goes about, or attempts to go about, the recruitment of persons of either sex for debauchery shall be subject to imprisonment for from six months to five years and to a fine of from 1,000 to 10,000 francs.

ARTICLE IV—Anyone who knowingly permits the habitual exercise of debauchery on the part of persons engaged in the practice of prostitution in places not used by the public for which he is in any way responsible, shall be subject to imprisonment of from one month to two years and to a fine of 1,000 to 10,000 francs, if not to more severe penalties. The occupant and the person engaging in debauchery are severally and jointly liable for the payment of damages which may be allowed for such disturbances to the neighborhood.

The Judge of Referees has jurisdiction, at the request of owner, tenant, occupants, or neighbors, to cancel the lease and order the eviction of the renter, sub-renter, or occupant who participates in (or "knowingly permits") the habitual practice of the acts set forth above.

ARTICLE V—All existing provisions for the registration of prostitutes with the police and for their periodic report to the police are hereby repealed.

Registration records and cards shall be destroyed to the extent that the national department of health and welfare shall decide.

ARTICLE VI—As soon as it can be arranged after the present law goes into effect, institutions shall be set up to receive, at their request, persons formerly engaging in prostitution, with a view to their rehabilitation.

Agreements for such educational service may also be entered into with properly qualified private agencies.

Everyone employed in such an educational program shall observe professional secrecy (in regard to such clients) under the provisions set forth in *Article 378* of the *Penal Code*.

ARTICLE VII—Any organization with purposes in conflict with the preceding articles of the present law shall be entirely dissolved from the date on which said law goes into effect.

Any person who attempts to reestablish any such organization shall be imprisoned from one to five years and fined from 100,000 to 10,000,000 francs.

Any person who shall attempt to obstruct the enforcement of *Article I* of the present law or who shall induce another person not to make use of the facilities as provided by *Article VI*, shall be subject to the penalties set forth in *Article 334a* of the *Penal Code*, or to more severe penalties if they are substituted.

ARTICLE VIII—Administrative regulations, if they are adopted, will determine the way in which the present law shall be enforced.

ARTICLE IX—The act against procurers entitled *The Law of March 2, 1943*, is hereby declared to be in force.

Articles I to VIII of the law enacted on March 2, 1943 are hereby repealed.

Violations of *Articles I* and *II* of said law and of *Article 334* of the *Penal Code*, committed before the present law went into effect shall be dealt with according to the provisions of the former law.

ARTICLE X—All former regulations contrary to the present law notably *Article 12* of the *Fiscal Law of December 31, 1941*, are hereby repealed.

The present law, considered and adopted by the National Constituent Assembly, shall be enforced as the law of the country (nation, state?). Adopted in Paris, April 13, 1946.

FELIX GOUIN

For the President of the Provisional Government of the Republic

The Minister of the Interior

ANDRE LE TROCQUER

The Keeper of the Seals, The Minister of Justice

PIERRE HENRI TEITGEN

The Minister of Finance

A. PHILIP

The Minister of Public Health and Welfare

R. PRIGENT

NATIONAL EVENTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

Federal Security Agency Adopts New Administrative Plan.—An executive order issued by President Truman on July 16 sets up a new administrative plan for the Federal Security Agency. Four main operating branches and six staff offices are provided. The operating branches are:

1. *Public Health*—consisting of the U. S. Public Health Service. The Division of Vital Statistics, transferred from the Department of Commerce, becomes part of the USPHS and Freedmen's and St. Elizabeth's hospitals are under the direction of the Surgeon General.

Dr. Thomas Parran continues as Surgeon General of the Public Health Service and Halbert Dunn continues as head of the Division of Vital Statistics.

2. *Social Security Administration*—including activities of the Children's Bureau transferred from the Department of Labor, old age and survivors insurance, employment security, and public assistance programs formerly administered by the Social Security Board, which has been abolished.

Arthur J. Altmeyer, who was chairman of the Social Security Board, is Commissioner of Social Security Administration. Miss Katherine Lenroot continues in charge of the Children's Bureau.

3. *Education*—consisting of the Office of Education. Other educational functions of the agency relating to the American Printing House for the Blind, Columbia Institution for the Deaf and Howard University are now under the direction of the Commissioner of Education.

Dr. John Studebaker, Commissioner of Education, continues to head this office.

4. *Office of Special Services*—including the newly created Bureau of Employees' Compensation and the Employees' Compensation Appeals Board, which succeeds the U. S. Employees' Compensation Commission, the Food and Drug Administration, and the Offices of Vocational Rehabilitation, War Property Distribution and Community War Services.

Mrs. Jewell W. Swofford, formerly chairman of the U. S. Employees' Compensation Commission, is Commissioner for Special Services.

In addition to the four existing operating branches—staff offices of executive assistant, general counsel, research, and information—there have been added two new offices to provide for expanded functions. They are:

1. *The Office of Federal-State Relations* which will study and make recommendations for the coordination of grant-in-aid administration and the establishment, in so far as practical, of uniform standards and procedures so that State agencies administering two or more grant programs may submit a single State plan and be subject to unified fiscal, personnel, and other policies.

George E. Bigge, formerly a member of the Social Security Board, heads this office.

2. *The Office of Inter-Agency and International Relations* which will be responsible for formulating, establishing and coordinating the agency's relationships with other Federal agencies, international agencies, representatives of foreign government, and organized groups in the fields of health, education, welfare, and social security.

Mrs. Ellen S. Woodward, formerly a member of the Social Security Board, heads this office.

The Industrial Division of the U. S. Children's Bureau was not transferred to the Federal Security Agency but remains in the U. S. Department of Labor. In its new setting, the unit is known as the Child Labor and Youth Employment Branch of the Division of Labor Standards. Miss Beatrice McConnell remains in charge of the program as an assistant director of the division.

USPHS Industrial Hygiene Division Readjusts for Peacetime.—Medical Director J. G. Townsend, chief of the Industrial Hygiene Division, USPHS Bureau of State Services, announces the following services to assist peacetime industries. Three offices have been established: the Office of State Aid, headed by J. J. Bloomfield; the Office of Field Investigations, Dr. H. T. Castberg, Chief; and the Office of Dermatology, Dr. L. Schwartz, Chief. These are supplemented by the Medical, Engineering, Dental, Chemical, Statistical, and Nursing sections.

Dr. Draper Assigned to Red Cross.—The American Red Cross has announced the assignment of Warren F. Draper, M.D., as consultant to its Medical and Health Services. The new assignment became effective September 1. Dr. Draper has served as U. S. Public Health Service Deputy Surgeon General since 1939. During World War II he served as Chief of the War Department's Public Health Branch of civil affairs-military government with the rank of Major General and spent over a year in England, France, Belgium, Holland, and Germany.

Dr. Draper was elected president of the Association of Military Surgeons at its recent convention in Detroit, Michigan.

International Association of Chiefs of Police Holds Annual Meeting in Mexico City.—September 23-27 were the dates and the Palace of Fine Arts, Mexico City, D.F., was the place of the Fifty-Third Annual Conference of the International Association of Chiefs of Police. Occurring on the morning of September 24 was a discussion on social protection, with Walter F. Anderson, Director, North Carolina State Bureau of Investigation, presiding and Dr. Carleton Simon of New York and Bascom Johnson of the ASHA as discussants. The conference adopted the following resolution:

A RESOLUTION ON SOCIAL PROTECTION

WHEREAS, The American Social Hygiene Association has been active for many years in the suppression of prostitution and is vitally interested in Social Protection, and

WHEREAS, The suppression of prostitution is a vital police problem and should be again called to the attention of the members of this Association; now, therefore be it

Resolved, That the International Association of Chiefs of Police, in Conference assembled this 27th day of September, 1946, favors the adoption by national, state and local governments of a broad and comprehensive policy of social protection, including the suppression of commercialized prostitution and promiscuity; and, be it further

Resolved, That copy of this resolution be spread in the minutes of this meeting and a copy be forwarded to the American Social Hygiene Association.

Another section of the program dealt with juvenile delinquency and crime prevention. Hugh H. Clegg, Assistant Director, Federal Bureau of Investigation, presided and speakers and discussants were Major Harvey G. Callahan, Superintendent, Metropolitan Police Department, Washington, D. C.; Chief Lowell T. George, Department of Police, Hornell, New York; Director T. P. Sullivan, State Department of Public Safety, Springfield, Illinois; and Chief James J. Mitchell, Department of Police, St. Louis, Mo. On the same program, Colonel Victor M. Sandoval, Director General of the Civil Guard, Guatemala, C.A., spoke on *Effective Cooperation on the Control of International Delinquency*.

Mr. Johnson remained in Mexico City for several days to confer with health and law enforcement officers, and in the course of his return trip visited the cities of San Antonio, New Orleans, Montgomery, Alabama, Atlanta, Georgia, Columbia, South Carolina, Raleigh, North Carolina, and Richmond, Virginia.

American Home Economics Association Starts a New Year.—The September issue of the *Journal of Home Economics* gives a comprehensive report of the AHEA's activities for the past year and plans for the future as discussed at the organization's annual meeting in Cleveland, Ohio, June 23-27. The Association reaffirms the intent of its program to

“(1) stress the importance of the family and its home as the basic unit of community, state, national, and international life;

“(2) promote concern with the important and permanent interests of the family and its home as opposed to those of crass materialism;

“(3) promote a better understanding of the permanent values of home and family life;

“(4) participate in sound social action programs directed toward strengthening home and family life; and

“(5) continue the development of the Association in scope and depth of program, organization, and membership.”

This program is supported by a detailed outline of suggested action at national level, state or regional level, local or individual level. Among the items of special interest to social hygiene workers, the following may be quoted:

"Continue the development of the Association so that it is representative of all home economics interests in membership, program, and organization."

"Facilitate social, economic, emotional, and spiritual continuing development in the family."

"Support activities of other federal agencies which bear directly on family welfare or fall in the field of home economics; the Women's Bureau; the Children's Bureau; the U. S. Office of Education, especially the home economics education service; experiment station research in home economics; extension service in home economics; the home management program of the Farm Security Administration."

"Expand and improve general and professional educational in family relations and child development."

"Continually carry on activities which will improve the quality of work by home economists and nutritionists in social welfare and public health."

Among the reports on the year's work are that of the Family Relations and Child Development Division, the Social Welfare and Public Health Department, and the committees on Home Economics in Health Education and International work.

Among the special projects for which the AHEA went on record, (as, in fact, the organization that initiated the idea), as continuing its support is the proposed National Conference on Family Life.

Officers for 1946-48 were elected as follows:

President: Mrs. Katherine M. Alderman, St. Paul, Minnesota.

Recording Secretary: Olga P. Brucher, Rhode Island State College, Kingston.

Treasurer: M. Marie Mount, University of Maryland, College Park.

Chairman, Family Relations and Child Development Division: Mrs. Lydia Ann Lynde, U. S. Extension Service, Washington, D. C.

Chairman, Social Welfare and Public Health Department: Frances Preston, Family Service Association of Cleveland, 1001 Huron Street, Cleveland, Ohio.

Chairman, Committee on Home Economics in Health Education: Loucille Langham, State Board of Health, Austin, Texas.

A special vote of thanks was tendered to Miss Helen Hostetter, who has served for several years as editor of the *Journal of Home Economics* and is now on the faculty of Kansas State College, Manhattan, Kansas. Miss Hostetter continues to serve the AHEA also as Chairman of the Committee on Careers. Mrs. Zelta Rodenwold is the new editor. Miss Lelia Massey continues as executive secretary at the AHEA headquarters, 620 Mills Building, Washington, D. C.

The Women's Army Corps to Date.—The July *Bulletin of the U. S. Army Medical Department* publishes an interesting summary of achievements and status of the Women's Army Corps: *

Since its creation by legislation on 14 May 1942, the Women's Army Corps has become an accepted component of the Army of the United States. At the Corps' full strength of 100,000, WACs were assigned to four hundred Army installations in the United States and at many

* In the September issue, the *Bulletin* publishes a twelve page article on *Enlistment, Health, and Discharge of the WAC*.

installations in twenty-eight foreign countries. The original four types of jobs planned for the Women's Army Corps branched out to include 239, of which some were in the Medical Department. WACs were present at many of the historic moments of the war. Twenty-seven of them operated the switchboard at the Potsdam Conference; 432 worked on the atomic bomb project; some were present at the "Big Three" meetings at Yalta, at the German surrender in Rheims, and at the Japanese surrender at Baguio, Philippine Islands. On 14 May, the fourth anniversary of the Women's Army Corps, about 25,000 WACs were still in the service on duty in the United States and in Germany, France, Austria, China, Japan, Korea, and Hawaii.

The present director of the Women's Army Corps, Colonel Westray B. Joyee, points out in the *Army Day Review*, 6 April 1946, that, during the course of the war, recognition for the work done by the women of the Corps was evidenced by awards and decorations. In addition to the Distinguished Service Medal presented to Colonel Oveta Culp Hobby, the first director, there have been at least thirty-two Legion of Merit winners; one Silver Star medalist; seven Soldiers' Medals; four hundred and seventy-nine Bronze Stars; and two Air Medals. Sixteen members of the WAC have been awarded the Purple Heart, fourteen of them victims of the robot-bomb raids in England in the summer of 1944. Among the foreign honors received by members of the Corps have been the French Legion of Honor and the Croix de Guerre, the honorary wings of the Chinese Air Forces, and the Most Excellent Order of the British Empire. One woman who helped on a special assignment has been honored by Poland, Czechoslovakia, Belgium, France, and Italy.

Dr. Clair E. Turner Joins Staff of National Foundation for Infantile Paralysis.—The National Foundation for Infantile Paralysis has announced the appointment of Dr. Clair E. Turner, formerly of the Massachusetts Institute of Technology faculty, and more recently in charge of health education for the Office of Inter-American Affairs, as assistant to Basil O'Connor, Foundation president. He will work to strengthen relationships between school systems and the various activities of the Foundation.

Mr. McCloskey Receives Medal of Merit.—President Truman recently awarded the Medal of Merit to Mark A. McCloskey who served in Washington during World War II, first as director of Recreation and later as director of the Federal Security Agency Community War Services, where he succeeded Charles P. Taft. The citation which accompanied the medal praised Mr. McCloskey's contribution to the solution of health and welfare problems among war workers and soldiers in training. He is now director of Community Education for the New York City Board of Education.

Major Larimore Joins American Cancer Society.—Major Granville W. Larimore, MC, who served in the War Department's Venereal Disease division and as director of the SGO Health Education section, has accepted the assignment of director of Health Education with the American Cancer Society. Before leaving the army, Major Larimore was awarded the Legion of Merit for his service in health education.

United States Public Health Service Makes New Appointment at Headquarters.—Surgeon General Thomas Parran has announced the following new appointments to the USPHS headquarters' staff:

Deputy Surgeon General, Dr. James Crabtree;

Bureau of State Services: Chief, Dr. C. L. Williams; Associate Chief, Dr. L. R. Thompson;

Division of Commissioned Officers: Chief, Dr. W. Palmer Dearing; Assistant Chief, Dr. H. E. Hilleboe.

Two new divisions are the Research Grants Division of which Dr. Cassius J. Van Slyke has been made Chief, and the Division of Hospital Facilities with Dr. Vane M. Hoge as chief. The latter division will assist in carrying out the provisions of the Hospital Survey and Construction Act passed by the recent Congress. Dr. Hoge has hitherto been head of the Bureau of State Services Hospital Facilities Section, whose functions have been absorbed by the new division.

Brigadier General Simmons Becomes Member of Harvard Faculty.

—Social hygiene groups in New England will welcome the assignment of Brigadier General James Stevens Simmons as dean of the Harvard University School of Public Health. General Simmons retired on July 1, 1946, after thirty years of active service in the Army Medical Corps, which included his assignment as chief of the Preventive Medicine Service during World War II and oversight of the Army's effective program of venereal disease prevention and control which was developed under the Preventive Medicine Service's Venereal Disease Division. In 1945 General Simmons was awarded the Distinguished Service Medal for this work and his long and impressive list of achievements for protection of public health throughout the world. He has also received honorary degrees from Davidson College, Duke University, University of Pennsylvania, Marquette University and the University of North Carolina; the United States of America Typhus Commission Medal; the Sedgwick Memorial Medal for distinguished service in public health; the Carlos J. Finlay National Order of Merit by the President of Cuba; the Walter Reed Medal of the American Society of Tropical Medicines, of which society he is president this year, as well as being president of the American Academy of Tropical Medicine.

In returning to the Boston area General Simmons is on familiar ground, since he served there from 1936 to 1940 as assistant corps area surgeon. He also holds a doctorate in public health from Harvard University.

Army Issues Circular on ASHA Cooperation.—The following excerpt is from Circular No. 231, issued by the U. S. War Department on August 2, 1946, and effective until February 2, 1948 unless sooner rescinded or superseded:

AMERICAN SOCIAL HYGIENE ASSOCIATION—*Cooperation with armed forces—Section I*

1. The American Social Hygiene Association makes periodic studies in metropolitan areas and in communities near large military installations relative to commercialized prostitution and allied conditions affecting members of the armed forces.

2. Copies of such studies for locations within the jurisdiction of army commanders will be automatically furnished in duplicate to those army commanders who apply for this service to Dr. Walter Clarke, Executive Director, American Social Hygiene Association, Inc., 1790 Broadway, New York 19, New York.

3. The Association will make special studies of specific communities at the request of army commanders. Interested subordinate commanders should request through army commanders such reports as are desired. Because of the limited number of investigators available to the Association, however, such requests should be held to a minimum, and ample time should be allowed for completion of the studies.

4. As the studies of prostitution and related conditions are the private information of the Association, any copies furnished to the army commanders are for limited official use only. Every care will be exercised that this material does not fall into hands of unauthorized persons, and that no publicity is given to the studies nor any part of them.

5. Section III, ASF Circular 45, 1945, pertaining to the foregoing subject, is rescinded.

(AG 250. 1 (26 Jul 46))

Current Events and Dates Ahead

November 11-15 Grand Rapids	Annual Meeting, United Council of Church Women.
November 20-22 Washington	National Conference on Juvenile Delinquency.
November 25-27 New York	1946 Conference of the National Society for the Prevention of Blindness, Inc.
December 3-6 Seattle	Biennial Meeting of the Federal Council of Churches of Christ in America.
February 7-13, 1947	Negro History Week.
September 8-12, 1947 St. Louis	Third American Congress on Obstetrics and Gynecology.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

Division of Community Service, American Social Hygiene Association

California Takes Action to Repress Prostitution.—State public health officials, the August 15 issue of *California's Health* reports, met on June 18 with the Governor's Law Enforcement Advisory Committee to discuss mutual problems in the control of venereal diseases. Chiefs of police, district attorneys, judges, and sheriffs representing law enforcement activities were present; and representing the state Health Department were the state Directors of Public Health, the chief of the Division of Preventive Medicine, and the chief of the Bureau of Venereal Diseases.

To bring about more effective cooperation of health and law enforcement agencies in venereal disease control, the governor's advisory group recommended establishment in each community of a venereal disease control committee to include the health officer, district attorney or city attorney, one or more judges, the chief of police, and the sheriff.

The law enforcement group also recommended that the members of community committees meet each month to discuss venereal disease problems, the health officer at that time to present the increase or decrease in cases where prostitution is the source of infection and indicate the places, such as bars, taverns, hotels, and rooming houses, which have been named frequently as places where persons named as sources of infection were met or where exposure to infection took place. The health officer should also summarize evidence on houses of prostitution.

The article gives information on recommendations regarding fines, jail sentences, and other measures suggested. In conclusion, it is stated:

Recognizing that prostitution is the major source of venereal infection, the state Department of Public Health and state law enforcement agencies have agreed on specific measures toward its repression. But if the local agencies that will carry out the policies—law enforcement, courts, welfare, and health departments—are to become effective, popular support of a strong law enforcement program is vital and must be expressed frequently and forcefully. To this end, the people as a whole must be informed specifically as to why there is need for mobilizing against prostitution and promiscuity in their own community. State action for venereal disease control must be supplemented by local action—by informed people ready to take firm, sustained action against prostitution.

Connecticut Reports on Ten Years' Operation of Premarital Examination Law.—Connecticut, in 1935, was the first state to enact a law requiring premarital examinations of both bride and groom for

syphilis. In the August issue of the state Department of Health *Bulletin*, Dr. Henry P. Talbot, Director of the Venereal Disease Division, reports on the working of this law during its ten years' operation, January 1, 1936 to December 31, 1945.

During that time there have been 151,694 marriages in the state and examinations of marriage license applicants revealed 2,241 positive blood tests for syphilis. The majority of the cases revealed were not found to be in a communicable stage of syphilis. Many of the infected individuals did not know they had the disease. The largest number of positive cases was found in the age group twenty to twenty-nine years.

Dr. Talbot also states that the premarital examination law, with the prenatal examination law which Connecticut put into effect July 1, 1941, has had a definite effect in decreasing congenital syphilis. In 1936, 110 cases of congenital syphilis in children under fifteen years of age were recorded. There has been a steady decrease until in 1945 physicians attending expectant mothers reported only twenty congenital syphilis cases.

Dr. Talbot sums up the working of the law as follows:

The success of the premarital blood test law over a period of ten years in Connecticut signifies splendid cooperation on the part of physicians, applicants, registrars, as well as health workers, throughout the state. The objectives of this law now being fulfilled are: the uncovering of unknown cases of syphilis; protection of the marital partner against infectious or communicable syphilis; a means of encouraging individuals to continue treatment for syphilis; a reduction in cases of congenital syphilis. Last but not least, the law has been of enormous educational value.

District of Columbia: Washington Has New Law.—An amendment to the Communicable Disease Control Act, adopted by the 79th Congress, makes it possible now to quarantine recalcitrant carriers of venereal disease and treat them under quarantine.

The lack of this health power, which practically all state and city health departments have, has been a definite hindrance to VD control in the District. It has taken five years of effort, the District of Columbia Social Hygiene Society reports, by the Health Department, medical societies, and the Society, to put this bill through.

Kansas Appoints New State VD Control Officer.—The September issue of the Kansas State Board of Health *News Letter* announces the appointment of Glenn H. Baird, M.D., as Director of Venereal Disease Control, filling the position formerly held by R. M. Sorensen, M.D., who was loaned to Kansas during the war by the U. S. Public Health Service.

Dr. Baird, a native Kansan, received his education at the University of Kansas, Lawrence, acquiring his M.D. degree in 1940. After a year in the University Health Service, he served in the USPHS until 1946, with assignments as Venereal Disease Control

Officer for the Richmond, Virginia, City Health Department; District Health Officer, Arlington, Virginia, 1944-45; and Medical Officer, U. S. Coast Guard.

New Jersey Appoints New Deputy Director of Health.—Colonel Daniel Bergsma of Paterson, formerly Chief of the VD Control Division, New Jersey State Board of Health, in the Army Medical Corps since May, 1942, and only recently separated, has been appointed Deputy Director of Health of New Jersey.

Colonel Bergsma's military assignments were: Headquarters, Eastern Defense Command and First Army, May 1, 1942 to June 14, 1943; then at Headquarters, Caribbean Defense Command in area covering all troops in Central America, all of Antilles Islands and countries of north and western South America with assignment as Assistant Theater Surgeon.

He was awarded the order of the Legion of Merit for meritorious conduct in the performance of outstanding services as Assistant Surgeon, Caribbean Defense Command, from October 13, 1943 to September 26, 1945.

New York: "Stamp Out VD" Campaign.—Fund-raising activities in support of the American Social Hygiene Association got under way nationally last month,

Stamp Out



VENEREAL DISEASE

with many community chests including the ASHA in their federated financing programs. In New York City, a *Stamp Out VD* Campaign, backed by a distinguished roster of personalities, opened October 7. Aim of the drive is to provide funds to establish in the New York area several trail-blazing demonstration projects in medical research, health education for young people and parents, and rehabilitation of women arrested for sex offenses. A portion of the funds

secured will also go to support ASHA's general program.

Maj. Gen. Irving J. Phillipson, U.S.A., retired, who headed Army Relief during the war, is drive chairman and New York's Mayor O'Dwyer is honorary chairman. Col. A. G. Rudd, vice-president Newsreel Theatres, is vice-chairman. Robert K. Christenberry, president of the Hotel Astor, is chairman of the men's committee, and Mrs. Conrad Berens, wife of the distinguished New York ophthalmologist, heads the women's committee.

Among the many nationally known sponsors are Bruce Barton, Newcomb Carlton, Gen. Hugh A. Drum, James A. Farley, the Rev. Harry Emerson Fosdick, George C. Gallup, Rev. Robert I. Gannon, S.J., Stanton Griffis, W. Averell Harriman, the Rev. John Haynes Holmes, Charles Evans Hughes, Jr., Fannie Hurst, H. V. Kaltenborn, Helen Keller, John Kieran, Leroy A. Lincoln, Joe Louis, Henry R. Luce, Albert Milbank, Jeremiah Milbank, and Henry Morgenthau, Sr. Also, Dr. Lena Madesin Phillips, Jacob S. Potofsky, John J. Raskob, Grantland Rice, Robert J. Ripley, Mrs. Eleanor Roosevelt, Cornelia Otis Skinner, Bill Stern, Ed Sullivan, Gerard Swope, Dorothy Thompson, Gene Tunney, Grover A. Whalen, Rabbi Stephen S. Wise, and Matthew Woll.

The first blow (and a mighty one) of the New York City drive was struck at a noon rally in City Hall Park. As 1,000 ringside fans cheered, Joe Louis, ASHA N. Y. Campaign Advisory Board



"CHAMP KO'S VD. Joe Louis of the mighty fists knocks a dummy representing Venereal Disease for a loop on the steps of City Hall yesterday. In his corner are Deputy Mayor Thomas Coreoran (left) and Maj. Gen. Irving J. Phillipson, Chairman of the American Social Hygiene Association's *Stamp Out VD* drive. Group, starting month-long campaign, seeks \$300,000 to fight menacing social diseases."

(From the N. Y. Daily News of October 8)



AT THE CAMPAIGN LUNCHEON, Hotel Astor, N. Y., Oct. 8, 1946. Seated are Mrs. Eleanor Roosevelt and the Rev. Stephen J. Meany, S.J., Executive Assistant at Fordham University; standing, Major General Phillipson and Vice-Admiral Ross T. McIntire.

member, declaring, "There's only one thing that can kavo VD. That's good, clean living, and you know I believe in that," used his prodigious left to send VD for the count. Deputy Mayor Thomas Coreoran, representing Mayor William J. O'Dwyer, proclaimed October 7 to November 7 as *Stamp Out VD Month*. Talks by General Phillipson, Health Commissioner Israel Weinstein, and Dr. Theodore Rosenthal, Director of the Health Department's Social Hygiene Bureau, were broadcast over Station WNYC.

Next day at the Hotel Astor General Phillipson entertained for luncheon over 150 Campaign Advisory Board members and others prominent in medicine, public health, civic affairs, and the newspaper, radio, and publicity fields.

The enthusiastic and interested audience was addressed by Admiral McIntire, Fannie Hurst, and Dr. George Baehr. Mrs. Eleanor Roosevelt graciously introduced Miss Hurst

and was an active participant in the press conference for science editors which followed the luncheon.

With the help of the publicity committee, headed by Hy Gardner, publicist, strong radio, newspaper and general publicity support has been given to the campaign. Nearly one hundred items appeared in the New York papers and many stories were carried nationally by the press services. Feature articles have appeared or are scheduled in *American Mercury*, *Colliers*, *American Weekly*, *Sunday Times Magazine*, *This Week*, *Sunday News*, *Science Illustrated*, *Safety Engineering* and other periodicals.

Radio has given considerable time to the New York campaign and to social hygiene topics. Jinx Falkenburg and Tex McCrary, in their NBC breakfast program "Hi, Jinx!", devoted three periods to the campaign, interviewing prominent personalities including Gene Tunney, Robert L. Ripley, New York City Health Commissioner Weinstein, and Albert Dentsch of *P.M.* Walter Winchell called attention to the danger of venereal disease in his Sunday night national broadcast October 27, and devoted the entire contents of one of his daily columns to the subject. Radio station WNYC and other stations presented some fifteen programs in which the Association participated with the help of Dr. John F. Mahoney, USPHS; Chief Magistrate Edgar Bromberger; C. D. Batchelor, cartoonist; Dr. Bruce Webster, Chief, Syphilis Clinic of New York Hospital; Dr. Mabel Grier Leshner, Specialist in Family Relations, and others.



GEN. PHILLIPSON



MAYOR O'DWYER



MRS. BERENS



COM. TUNNEY

The Association, long a believer in federation of effort, appeared before the National Budget Committee on April 29 and secured the approval of this group for our national program and budget. Community Chests and Councils, Inc., relayed to all community chests of the country the recommendation of National Budget Committee that the American Social Hygiene Association be included in current chest campaigns. In many chest drives this fall, the Association is included. In other cities, the Association is not. In your city, a call to your chest office will give you this information.

Where a community chest does not include the Association, separate campaigns will be conducted after January 1, 1947.

New York City: Town Hall Offers Marriage Series.—A series of eight lecture-discussions was offered at Town Hall by experts in Family Relations, on Tuesday evenings at 5:30 P.M. for the period October 8–November 26.

The sessions were arranged by Mrs. Evelyn Millis Duvall, executive secretary of the National Conference on Family Relations. Mrs. Duvall, the wife of Dr. S. M. Duvall and mother of two daughters, is well known as counselor, educator, writer and lecturer on marriage and the avoidance of marital difficulties.

Outstanding authorities participating with Dr. and Mrs. Duvall were Dr. Janet Fowler Nelson, Abraham Stone, M.D., and Mrs. Emily Hartshorne Mudd. Areas of common concern such as money, sex, in-laws, quarrels, woman's role, children, and where and when to seek outside assistance in family problems were covered.

New York Tuberculosis and Health Association Adds to Social Hygiene Staff.—Miss Eloise Odegard, R.N., recently joined the staff and is engaged primarily in epidemiological demonstrations in conjunction with several city hospitals. A University of Minnesota graduate, Miss Odegard was formerly with the USPHS, Venereal Disease Division, assigned to the District of Columbia Department of Health, and later with the Community Service Society of New York.

Mrs. Gloria C. Lempke, also a new member of the staff, is carrying on a health education program in social hygiene in cooperation with the United Parents Associations of New York, settlement houses, community centers, and other community groups. Mrs. Lempke is a graduate of Syracuse University and Yale Institute of Public Health, and was formerly with the Hartford Tuberculosis and Health Association.

The annual report of the New York Tuberculosis and Health Association, April, 1945–March, 1946, shows continued Social Hygiene Committee activity. The financial statement reports an expenditure of \$32,671.80 on the social hygiene program—for furnishing leadership in campaign against the venereal diseases; statistical studies; preparation and distribution of *Social Hygiene Bulletin*; collaboration with public departments and other health agencies; special courses for physicians, nurses, teachers, and social workers; and preparation of literature.

Ohio: Cleveland Has New VD Control Officer.—Dr. Gerard A. DeOreo was appointed on July 1 to direct the VD Control activities of the Cleveland Division of Health. He takes the place made vacant by the resignation of Dr. Chester M. Sidell, who is now in private practice in Grand Rapids, Michigan.

From 1941 to March, 1946, Dr. DeOrco was an officer in the Army Medical Corps and for over three years of this service was consultant in dermatology and syphilology at the Tripler General Hospital in the Hawaiian Islands.

In addition to his work in the Cleveland Division of Health Dr. DeOreo is senior clinical instructor in the faculty of Western Reserve University School of Medicine and associate dermatologist at St. Vincent Charity Hospital.

Oregon Conducts Combined VD and TB Survey.—Clatsop County Oregon, July 15–31, 1946, were the place and time of the first joint VD-TB survey to be held in the State, according to the August 28 issue of the *Oregon Health Bulletin*. Dr. Charles W. McGill, director, Division of Industrial Hygiene, reports on the survey:

It was a cooperative venture predicated upon previous public health education directed to the general public. The actual request for the combined survey was made by the CIO and AFL labor representatives of the Clatsop County Public Health Association, as a logical follow-up on an effort to provide VD information to the working group, subsequent to approval by the state union representatives of the VD in Industry educational program.

Special VD literature was prepared by the Oregon State Board of Health and the Social Hygiene Division of the Oregon Tuberculosis Association. Actual scheduling of the survey was by the Clatsop County Health Association, utilizing its well-established public relations. In addition the Association arranged for voluntary help through various women's organizations.

A mobile X-ray unit was accompanied by a blood-letting team consisting of a state Board of Health nurse, a doctor, and two medical students, with nursing assistance from the Clatsop Health Department. Thirty-eight hundred chest X-rays were taken and 3,122 blood tests. Thirty-five (1.1%) were serologic positives and sixteen tests were recorded as doubtful, pending further follow-up. The incidence was below the expected level and confirms the general low incidence of syphilis in Oregon's population.

In conclusion Dr. McGill expresses the opinion "that this demonstration of the successful community-wide cooperation of industry and labor under the joint direction and leadership of official and voluntary health agencies is an excellent commentary on the present status of the public interest in community health. It is an exercise of civic cooperation which will facilitate subsequent health programs."

Gordon C. Edwards, M.D., was appointed director of the Division of Venereal Disease Control of the Oregon State Board of Health as of August 1, succeeding Dr. W. H. Aufranc, who is now Venereal Disease Control Consultant for District No. 5, USPHS.

Dr. Edwards is a graduate of the University of Manitoba Medical School, Winnipeg, Manitoba, Canada. He received his M.P.H. degree at the University of Minnesota.

Puerto Rico: Dr. Fernós-Isern Goes to Washington.—Dr. Antonio Fernós-Isern, ASHA honorary life member and Puerto Rico Com-

missioner of Health for the last four years, has been appointed Resident Commissioner for Washington, to succeed Don Jesús T. Piñero, the former Resident Commissioner who was recently appointed Governor of Puerto Rico by President Truman. Dr. Fernós-Isern has had long experience in health and welfare matters, having served as a delegate to the White House Conference on Child Welfare and in numerous other capacities. His many friends on the mainland look forward to his residence in Washington.

Rhode Island: Social Hygiene Courses Draw Large Attendance.—Readers of Mrs. Josephine D. Sever's article, *Rhode Island Serves Her Youth*, which appeared in the October JOURNAL OF SOCIAL HYGIENE, will be interested to hear that the *Youth and Marriage Today* course mentioned there is drawing an attendance of six to seven hundred persons each Monday evening. This course is being sponsored by the Rhode Island Social Hygiene Association, Inc., in cooperation with a number of educational institutions.

The college credit course on *Health and Human Relations*, sponsored by the Rhode Island society and the Rhode Island College of Education, has an enrollment of 200, of whom 88 are teachers.

Texas: El Paso Organizes Social Hygiene Society.—Word has been received from Mrs. John G. Barry, Executive Secretary, Central Council of Social Agencies, El Paso, of the reorganization of the El Paso Social Hygiene Society. This occurred at a meeting held in July, in which representatives of service clubs, women's organizations, the medical society, schools joined.

Officers of the new society are: *President*, Dr. Anton Berkman; *Vice-President*, Mrs. Louis Aronson; *Secretary*, W. H. Rogers, D.D.

Mr. Howard Slutes, FSA Social Protection Representative, and Dr. Maurice R. Viniko, VD Control Officer, spoke on the local situation, and Sheriff Allen A. Falby presented the law enforcement angle. Mrs. Barry discussed the place of welfare agencies in the social hygiene program.

West Virginia: Health Education Workshop at State College.—*National Negro Health News*, in the April-June, 1946, issue, reports in detail on this undertaking.

The Second Summer Health Education Workshop was held at West Virginia State College, Institute, June 17-29, 1946. Cooperating in this project were the college departments of Health, Physical Education and Safety, the United States Public Health Service, the West Virginia Department of Health, Kanawha County Health Unit, and the Kanawha County School Health Service.

The Workshop was designed especially for teachers who, through their work in the various schools and communities, discover certain problems of health in which they need guidance. Other persons having an interest in the promotion of health education activities also attended.

Participating in Group B—*Communicable Disease Education and Social Hygiene*—were Mrs. Alma W. Pleasants, Chairman, Charlottesville, Virginia; Linwood Greene, Portsmouth, Virginia; Evelyn E. Howard, Alexandria, Virginia; and Luther Leshore, Williamson, West Virginia.

P r e v e n t i o n I s t h e W a t c h w o r d

You . . . Your Organization . . . Must Help



Organize Community Action!

NATIONAL SOCIAL HYGIENE DAY

February 5, 1947

Ask the AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway, New York 19, New York

How You Can Help!

P r e v e n t i o n I s t h e W a t c h w o r d

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

*Secretary, Committee on International Relations and Activities,
American Social Hygiene Association*

United Nations: General Assembly Opens in New York.—On Wednesday, October 23, at 4 P.M. occurred the opening meeting of the second part of the first session of the General Assembly of the United Nations, in the General Assembly Hall, Flushing Meadow Park, Flushing, New York. Presiding was His Excellency Mr. Paul Henri Spaak, Minister of Foreign Affairs of Belgium, and President of the General Assembly, who addressed the meeting following a message of welcome by the Honorable Vincent R. Impelletteri, Acting Mayor of the City of New York. Mr. Spaak said:

“The Charter has been ratified, the Organisation functions, we are here and we are going to work. Let us try to work well.”

President Harry S. Truman was chief speaker on the brief program of this historical occasion. Reviewing the aims and objectives of the United States in regard to its place in the United Nations, Mr. Truman concluded,

“A great opportunity lies before us. In these constructive tasks which concern directly the lives and welfare of human beings throughout the world, humanity and self-interest alike demand of all of us the fullest cooperation. . . . The American people look upon the United Nations not as a temporary expedient but as a permanent partnership. A partnership among the peoples of the world for their common peace and common well-being. It must be the determined purpose of all of us to see that the United Nations lives and grows in the minds and the hearts of all peoples. . . .”

United Nations: World Health Organization Is Formed.—On July 22, 1946, following a month-long International Health Conference, representatives of sixty-one nations signed the Constitution of the new World Health Organization, the first fully empowered international agency in public health. The preamble to the Constitution indicates the scope of the new organization:

THE STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

The Conference was the first to be called officially by the United Nations, and WHO is the first specialized agency to which every member nation has subscribed. In addition, nations not United Nations members were invited to join in the conference and ten of them signed the Charter. The World Health Organization will come into official existence when the governments of twenty-six United Nations member countries ratify the signatures of the delegates. Meanwhile, an Interim Commission representing eighteen nations* will conduct WHO's essential business and work out detail for cooperation with other international agencies. Chairman of the Commission is Dr. Andrija Stampar of Yugoslavia, and Dr. G. B. Chisholm, of Canada, serves as executive secretary. The Commission has New York headquarters in the Academy of Medicine Building at 2 W. 103 Street.

Approval of the World Health Organization's Constitution was given by the United Nations Economic and Social Council in the course of the Council session in New York in September. A resolution is on the agenda of the United Nations General Assembly, now in session, for its approval.

In his address before the International Health Conference, at the closing session, Surgeon General Thomas Parran, who served as Conference President, said,†

"The World Health Organization is a collective instrument which will promote physical and mental vigor, prevent and control disease, expand scientific health knowledge and contribute to the harmony of human relations. In short, it is a powerful instrument forged for peace. . . ."

* Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukraine, United Kingdom, United States, Union of Soviet Socialist Republics, Venezuela, Yugoslavia.

† For full text of General Parran's address and the WHO Charter and Constitution see: U. S. Public Health Service, *Public Health Reports*, August 30, 1946, available from U. S. Government Printing Office, Washington, D. C. 10¢ per copy.

World Medical Association Established.—At a conference in London, September 25–28, thirty-three medical associations representing thirty-one countries discussed the formation of a World Medical Association. The conference was under the joint auspices of the British Medical Association and the Association Professionnelle Internationale des Medecins, the latter being an assemblage existing before World War II for interchange of information among medical associations. It was unanimously agreed that the APIM might well be replaced by a World Medical Association and the following platform was adopted:

“To promote closer ties among the national medical organizations and among the doctors of the world by personal contact and all other means available in order to assist all peoples of the world to attain the highest possible level of health; to study the professional problems which confront the

profession; to organize an exchange of information on matters of interest to the profession, and to establish relations with, and to present the views of the medical profession to, the World Health Organization and the United Nations Educational, Scientific, and Cultural Organization.”

A committee of nine was established to draft a constitution and by-laws to be submitted to the next conference in Paris. Members of the committee are:

Dr. F. Decourt (France)
Dr. P. Glorieux (Belgium)
Dr. Dag Knutson (Sweden)
Dr. O. Leuch (Switzerland)
Dr. J. A. Pridham (Great Britain)

Dr. T. C. Routley (Canada)
Prof. I. Shawki Bey (Egypt)
Dr. L. Tornel (Spain)
Dr. A. Zahor (Czechoslovakia)

There are to be two secretaries: Dr. Charles Hill, secretary of the British Medical Association, will serve as secretary in London, and Dr. Cibré of the Confederation des Syndicats Médicaux Française, as secretary in Paris. These appointments will be acting until the next conference.

The American Medical Association, by action of its Board of Trustees, has become a member of the World Medical Association and was represented at this meeting, according to the *A.M.A. Journal* of October 26, 1946, by several observers.

World Congress on Mental Health in 1948.—Plans are on foot among the International Committee for Mental Hygiene and mental hygiene councils in America, Canada, and Europe to arrange a World Congress on Mental Health in London from August 5th to 14th in 1948. This will be the third meeting of the kind, previous World Congresses having been held in Washington in 1930 and in Paris in 1937.

International Bar Association Proposed.—Lawyers of 20 nations met in New York on October 8th and 9th to plan organization of an International Bar Association. Purposes of the proposed organization were stated as follows:

To advance the science of jurisprudence in all its phases and particularly in the areas of international and comparative law.

To promote uniformity in appropriate fields of law.

To promote in their legal aspects the principles and aims of the United Nations.

To promote the administration of justice under law among peoples of the world.

To establish and maintain friendly relations among the members of the legal profession of the world.

The new organization will not conflict with such organizations as the Union Internationale des Avocats of Paris, the United Nations League of Lawyers or the International Union of Lawyers. The membership will be composed of representatives of the legal organizations of all nations and the constitution discussed in draft form at the meeting will have to be referred to the various National Bar Associations before its final adoption. The meeting was called by the Special Committee of the Section of International and Comparative Law of the American Bar Association, headed by Robert Nelson Anderson.

World Youth Conference Planned in 1947.—Oslo, Norway, will be the scene of the second World Conference of Christian Youth, during the summer of 1947. Some twelve hundred young people from 18 to 30 years of age are expected to attend. A leaders' planning meeting was held in July in Celigny, Switzerland.

Serving on the United States Planning Committee for the conference are representatives of the United Christian Youth Movement, the United Student Christian Council, the National Council of the Y.M.C.A., the National Board of the Y.W.C.A., the World Alliance for International Friendship through the Churches, the International Missionary Council, the Foreign Missions Conference, the World's Sunday School Association, and the American Committee for the World Council.

Dr. Nyswander Goes to California.—The September issue of *Education Newsletter*, published by the Inter-American Educational Foundation says that Dr. Dorothy B. Nyswander has completed her activities as Health Education Specialist on the Foundation's Washington staff. She has accepted the post of Professor of Health Education in the School of Public Health at the University of California, Berkeley. Dr. Nyswander, well known as an expert on health education, has conducted projects and demonstrations in many of the states and communities, including a four-year study in school health for the Commonwealth Fund in cooperation with the New York Board of Education and Department of Public Health. During her service with the Inter-American Foundation she directed a number of special projects in various Latin-American countries.

She will continue as Foundation consultant in health education.

First Inter-American Medical Congress.—At Rio de Janeiro, Brazil, September 7-15 occurred the first Inter-American Medical Congress, sponsored by Brazil's National Academy of Medicine and

attended by 956 doctors from nineteen countries in the Western Hemisphere. Sixteen United States physicians participated, including four official delegates as follows: Colonel Arden Freer, MC, Chief, Medical Consultants Division, Office of The Surgeon General, U. S. War Department; Dr. James A. Shannon, U. S. Public Health Service Consultant; Captain Carroll P. Hungate, MC, United States Naval Reserve, and Captain John J. Wells, MC, U. S. Navy. Sir Alexander Fleming was guest of honor of the Congress.

South Africa.—The Community Health Centre of the University of Witwatersrand, Johannesburg, South Africa, has issued its first report, covering the years 1943 and 1944. The Centre, situated in the township of Fordsburg, a crowded area, and one of the oldest districts of Johannesburg, also provides facilities for the Mayfair area and residents of the Octavia Hill Housing Estate, a sub-economic housing scheme. Aims of the Centre are described as follows:

(1) To provide, on a membership basis, certain services essential for the promotion of health, social well-being and community living;

(2) To provide facilities for the treatment of disease and social maladjustment;

(3) To provide facilities for the training of students of the University Departments of Medicine and Social Studies;

(4) To provide facilities for research in Medicine and Social Sciences.

A feature of the social work and medical social work sections of the Centre has been the institution of annual health examinations. The educational program has included discussions and lectures on social hygiene subjects and the library contains a selection of social hygiene literature. A staff of six full-time workers assist the Centre's director, Miss Rae Bernstein, and the medical officer and two physical education instructors are part-time staff members. A staff of volunteers and a Board of Management of seventeen persons, with Professor J. L. Gray as chairman, is responsible for direction.

BOOK REVIEWS

GOVERNMENT IN PUBLIC HEALTH. By Harry S. Mustard, DeLamar Professor of Public Health Practice and Director, School of Public Health, Faculty of Medicine, Columbia University. New York, The Commonwealth Fund, 1945. 219 p. \$1.50.

Government in Public Health, by the distinguished Professor of Public Health Practice at Columbia University, is one of a series of studies published by the New York Academy of Medicine under the auspices of its Committee on Medicine and the Changing Order. Doctor Mustard presents an interesting consideration of the public health functions of Government agencies, including an illuminating discussion of the historical developments through which governments, federal, state and local, came to participate to a larger and larger extent in the protection of community and personal health. The book includes an analysis of the appropriate role of government, on local, state, and national levels, in public health.

After a chapter devoted to the general background and philosophy of government in public health, the author discusses in succeeding chapters the Federal health services, the state health departments, the local health departments, the activities of government in a public health program, and concludes with a discussion of the trends and needs of official public health work at the present time.

Government in Public Health provides a worthwhile evening's reading, profitable to anyone interested either in public health or in political science.

WALTER CLARKE, M.D.

SERVICES FOR UNMARRIED MOTHERS AND THEIR CHILDREN. Children's Bureau, U. S. Department of Labor. Washington 25, D. C. 1945. 20 p. 10 cents.

This pamphlet contains the joint statements of the Children's Bureau, the Bureau of Public Assistance of the Social Security Board, and the

American Red Cross, all concerned with health and welfare program reaching all States and their local doctors.

The pamphlet is timely because the always serious problem of illegitimacy (80,000 cases annually) has been accentuated by war and early postwar conditions. It outlines the needs to be met and their complexities, the services that should be available to unmarried mothers, the planning necessary to meet the needs and the resources available to local communities.

As stated in the Preface, "The purpose of the material is to encourage further coordinated planning by states and local communities for fullest use of all services and facilities and to stimulate provision of needed resources."

BASCOM JOHNSON

ANIMAL BABIES. By Alice Day Pratt. Boston, Beacon Press, 1945. 148 p. \$1.75.

A BRAND NEW BABY. By Margaret A. Stanger. Same publisher. 132 p. \$1.75.

GROWING BIGGER. By Elizabeth M. Manwell and Sophia L. Fahs. Same publisher. 130 p. \$1.75.

These are three nicely printed and illustrated books for children in the six to seven year ages. Youngsters reading them will learn important truths about themselves and other fascinating creatures in the world about them.

Aside from *Roger Is Born*, the first story in *Growing Bigger*, human reproduction is not dealt with directly. But the facts developed and pictured so interestingly in all three volumes can be of inestimable aid to any parent who is prepared to build on good foundations. And they are a particular boon to the numerous parents who ask, "How can you introduce sex education to little children who never ask any leading questions?" These books are useful question-

inciters. In fact any one of the trio will provide plenty of cues for further queries and family chats.

So, despite the disparagement of some sophisticates and the mildewed humor of some alleged radio comedians, there's still plenty of use for competently done books on "the birds and bees" and on the arrival and growth of babies, animal and human. But any teacher or parent who embarks on this educational adventure should prepare for a sequence of further inquiries by becoming familiar with the whys and wherefores of human embryology.

RAY H. EVERETT

SEX PROBLEMS OF THE RETURNED VETERAN. By Howard Kitching, M.D. New York, Emerson Books, 1946. 124 p. \$1.50.

A brief, straightforward, easily read, and inexpensive volume adequately covering its subject matter as this does, comes but rarely. It is regrettable that its appearance has been so long delayed. Every married member of the armed services should have been

presented with it at the separation center during the Great Demobilization.

Beginning with a chapter on *The Goal of Marriage*, the author proceeds to a discussion of what separation does generally to marriage and then presents the particular problems the separation poses for the husband and the wife. Wisely he points out the pitfalls to be avoided in the reunion dreams and he offers practical intelligent counsel for the "reunion in reality." To those veterans and their wives who are still groping their way along the path to the marital happiness of which they may justly feel they have been cheated, this book will be a most welcome guide. It can be recommended, with equal assurance of being helpful, to those many persons who in peacetime pursuit of a livelihood are enforced to endure longer or shorter periods of separation. Certainly, all those who may be offering counsel on marriage problems can read this excellent treatise not only with reward to themselves, but with heart warming benefit to their patients, parishioners, or clients in court, as the case may be.

JOHN W. FERREE, M.D.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS, AND REPORTS

Annual and Special Reports

- ACTIVITIES OF THE INTERDEPARTMENTAL COMMITTEE ON SCIENTIFIC AND CULTURAL COOPERATION. Washington, Department of State, June 30, 1946.
- BRITISH SOCIAL HYGIENE COUNCIL ANNUAL REPORT, 1945-46, London.
- DESCRIPTIVE ANNUAL PLAN, 1946-1947. Government of Puerto Rico Department of Health. 86 pages.
- DIRECTORY OF SYPHILIS, GONORRHEA AND VAGINITIS CLINICS IN NEW YORK CITY. Social Hygiene Committee, New York Tuberculosis and Health Association. November, 1946. 18 pages.
- EDUCATION AND EMPLOYMENT OPPORTUNITIES FOR YOUTH, *Report and Recommendations of the Interagency Committee on Youth Employment and Education to the Director of War Mobilization and Reconversion*. September, 1946. Child Labor and Youth Employment Branch, Division of Labor Standards, U. S. Department of Labor, Washington, D. C. 15 pages.
- LA SALUD Y LOS ARRABALES (HEALTH AND SLUMS) 1946. Government of Puerto Rico Department of Health. 8 pages.

- PENNSYLVANIA'S HEALTH, 1945. Published Under the Direction of Edward Martin, Governor, and Harry W. Weest, M.D., Secretary of Health.
- PROCEEDINGS OF EIGHTH ANNUAL MEETING, Pacific Northwest Conference on Family Relations, April, 1946. Mimeographed, 76 pages. For copies address Mrs. M. Alison Kern, Executive Secretary, 4343 West 12th Ave., Vancouver, B. C.
- TREATMENT OF GONORRHEA IN THE FEMALE IN CLINICS IN NEW YORK CITY. New York Tuberculosis and Health Association Social Hygiene Committee, September, 1946. 12 pages. mimeographed.
- TREATMENT OF GONORRHEA IN THE MALE IN CLINICS IN NEW YORK CITY. New York Tuberculosis and Health Association Social Hygiene Committee. September, 1946. 12 pages. Mimeographed.
- UNESCO: A PROVISIONAL PROGRAM. Washington, Office of U. S. Public Affairs, Department of State, October, 1946.

Pamphlets and Leaflets for the General Public

- PSYCHOLOGICAL FACTORS IN MARRIAGE. The Opening Address of the Premarital Counselling Clinic held in Grace United Church, Saskatoon. Dr. S. R. Laycock. 24 pages.
- A STUDY OF THE SAN FRANCISCO PARENT GUIDANCE CENTER. The National Probation Association, 1946.
- WHAT GOOD ARE HEALTH MUSEUMS? Bruno Gebhard, M.D., F.A.P.H.A. Reprinted from *American Journal of Public Health*, September, 1946. New York, American Public Health Association. 4 pages.
- THE HEALTHIEST MAN IN THE WORLD. U. S. Army Medical Department. 16 p.

Pamphlets for Professional Workers

- AIDS IN COUNSELING. Washington, U. S. Department of Labor, 1946. 8 pages.
- COMMUNITY ADVISORY CENTERS FACE THE FUTURE. Washington, Retraining and Reemployment Administration United States Department of Labor, August, 1946.
- SOCIAL RESPONSIBILITIES OF THE TEACHER, John W. Ferree, "M.D. Reprinted from the *Journal of Home Economics*, October, 1946.
- THE WORKSHOP IN NURSING. School of Nursing, University of Pittsburgh.

IN THE PERIODICALS

Sex Education, Marriage, and Family Relations

- HEALTH, Canada, September-October, 1946. *First Aid for Unhappy Marriages*, Paul Popenoe, Sc.D.
- HEALTH EDUCATION JOURNAL, London, October, 1946. *An Army Experiment in Sex Education*, A. J. Laurence Rogers.
- Health and Happiness in Marriage*, Moya Woodside.
- LANCET, London, June 22, 1946. *The Problems of Family Life*, Agatha H. Bowley, Ph.D.
- MACLEAN'S MAGAZINE, Canada, July 1, 1946. *Our Happy Marriage*, Smith Hastings.
- October 15, 1946. *Parents Are Such Problems*, S. R. Laycock.
- NATIONAL PARENT-TEACHER, September, 1946. *Baby Training Up to Date*, Benjamin Spock, M.D.
- Your Family Is Your Fortune*, Joseph K. Folsom.
- NEW WORLD, Canada, October, 1946. *Can We Curb Our Divorce Climb?*
- SOCIAL FORCES, May, 1946. *Books for Teachers and Specialists in the Field of Marriage and the Family*, Ernest R. Groves.

Health Education

- HEALTH, Canada, September-October, 1946. *Insuring Marriage and the New-born Against Syphilis*, Joseph Lichstein.
- HEALTH EDUCATION JOURNAL, London, October, 1946. *Social Conditions and Health Education*, Valerie Waterson.
- JOURNAL OF NEGRO EDUCATION, Summer, 1946. *The Problem of Education in Dependent Territories*.

Youth in the World Today

JOURNAL OF HOME ECONOMICS, October, 1946. *Social Responsibilities of the Teacher*, John W. Ferree, M.D.

SOCIAL FORCES, May, 1946. *Community Planning for Children and Youth*, Lawrence K. Frank.

Legislation, Law Enforcement, and Social Protection

FEDERAL PROBATION, July-September, 1946. *The Anatomy of Correction*, Walter Webster Argow.

—*Bad Boy—What Now?* Edgar Martin Gerlach.

—*Combined Parole-Probation Service; A State Makes It Work*, J. Lewin Burris.

—*The Probation Officer as a Leader in Community Organization*, Frederick Ward, Jr.

—*Social Problems of the Prisoner (Part I)*, Sanford Bates.

—*What the Court Expects of the Probation Officer*, Judge Robert L. Russell.

—*Youthful Federal Offenders: A Plan of Treatment*, Judge Charles C. Wyche.

Public Health and Medical

AMERICAN JOURNAL OF THE MEDICAL SCIENCES, September, 1946. *Positive Reactions to the Kahn Test for Syphilis—Their Incidence and Meaning in Healthy American Men: A Survey of 82,070 U. S. Maritime Service Enrollees*, I. J. Wolman, M.D.

AMERICAN JOURNAL OF PUBLIC HEALTH, September, 1946. *Gonococcus Examinations: A Comparison of Slides, Mailed Slants and Immediate Plates*, Grace Eldering and Evelyn Palser.

—*Modern Treatment of Syphilis*, E. W. Thomas, M.D.

ARCHIVES OF DERMATOLOGY AND SYPHILOLOGY, September, 1946. *Use of Penicillin in the Treatment of Syphilis in Pregnancy*, H. N. Cole, M.D.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, October 26, 1946. *Today's Treatment of Syphilis*, Paul A. O'Leary, M.D., and Robert R. Kierland, M.D.

JOURNAL OF THE ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE, London, June, 1946. *Health and Hygiene in the Colonial Empire*, Colonel The Rt. Hon. Walter Elliot, M.C., F.R.S., F.R.C.P.

LANCET, London, June 22, 1946. *Gonorrhea in the Female*, Ambrose J. King, F.R.C.S., and Eva Gallagher, M.D.

—*Venereal Diseases*, A. E. W. McLachlan, M.B.

—*The National Health Service Bill in Committee*.

MILITARY SURGEON, August, 1946. *Venereal Disease Control in a Rural Area in War Time*, W. B. Quisenberry, M.D., and J. N. Dudley, M.D.

NEW YORK STATE JOURNAL OF MEDICINE, September 15, 1946. *Syphilis in Army Separates*, Theodore Rosenthal, M.D., and Nathan Sobel, M.D.

WISCONSIN STATE BOARD OF HEALTH QUARTERLY BULLETIN, July-September, 1946. *Changing Emphasis in Venereal Disease Control*, E. H. Jorris, M.D.

REFERENCES ON SOCIAL HYGIENE LAWS AND LEGISLATION

Periodicals

- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.** May 3, 1941. *Results of Premarital Legislation in Thirteen States.* W. M. Sheppe.
— March 7, 1942. *Premarital Examination Laws in the United States.* George F. Forster and Howard J. Shaughnessy.
JOURNAL OF VENEREAL DISEASE INFORMATION. March, 1946. *Cooperation of Health Officers and Police Departments.* Eugene A. Gillis.
JOURNAL OF SOCIAL HYGIENE. January, 1940. *Next Steps in Stamping Out Congenital Syphilis.* Mary S. Edwards.
— May, 1940. *Premarital Examination Laws in Operation.* Mary S. Edwards.
— June, 1941. *More New Laws to Guard Family Health.* George Gould.
LANCET, London, August 23, 1941. *Premarital and Prenatal Tests.* Ronald Carter.
PUBLIC HEALTH NURSING, April 1946. *Prostitution, Promiseuity and Venereal Diseases.* William George Gould.
VENEREAL DISEASE INFORMATION, April 1943. *Requirements of Premarital Legislation.* J. F. Mahoney.
WOMAN'S HOME COMPANION, July 1944. *Companion Poll* (on premarital and prenatal examination laws).

(See also periodicals of state health departments, medical societies, etc., for articles on the laws in each state.)

Books

- Digest of Laws and Regulations relating to the prevention and control of syphilis and gonorrhea in the forty-eight states and the District of Columbia.* Bascom Johnson and George Gould. New York American Social Hygiene Association, 1940. 438 p. \$5.00. (1942 Supplement, 180 p. included) 1946 Supplement in preparation.
Digest of State and Federal Laws Dealing with Prostitution and Other Sex Offenses, with notes on the control of the sale of alcoholic beverages as it relates to prostitution activities. Bascom Johnson, George Gould and R. E. Dickerson. New York, American Social Hygiene Association, 1942. 453 p. \$5.00. 1946 Supplement in preparation.
Combating Venereal Diseases—Laws and Procedures. Robert W. Kenny, Attorney General of California. Sacramento, California State Printing Office, 1946. 128 p.

Pamphlets

Unless otherwise indicated, pamphlets are 10 cents each.

- A-303 **The Case Against Prostitution.** 5¢
A-304 **Why Let It Burn?** The case against the red-light district.
A-395 **We Need Not Tolerate Prostitution,** Bascom Johnson
A-396 **Milestones in the March Against Commercialized Prostitution**
A-522 **Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Disease.** Third edition, George Gould. Revised through 1946. 25¢ In preparation.
A-566 **Forms and Principles of State Social Hygiene Laws,** George Gould
A-567 **Twenty-two Years Progress in Social Hygiene Legislation,** George Gould
A-625 **State Laws to Guard Family Life**
A-630 **Police and Health Dept. Functions in Repression of Prostitution and Control,** W. F. Snow
A-659 **Is Commercialized Prostitution Returning?** A chart showing prostitution conditions, 1940-46. *Single copies free.*
— **Premarital and Prenatal Laws in Operation.** In preparation.

To secure the books or pamphlets listed above, or for further information regarding social hygiene laws, law enforcement and legislation, write to

THE AMERICAN SOCIAL HYGIENE ASSOCIATION
1790 Broadway, New York 19, N. Y.

ANNOUNCEMENTS

Last Month: Requests for the October JOURNAL on *Social Hygiene and the Citizen* have been frequent, but we still have a few extra copies left, *35 cents postpaid*. . . . Please note that the reprint of Mrs. Josephine D. Sever's article on the first year's work of the Rhode Island Social Hygiene Association, *Rhode Island Serves Her Youth*, is publication A-666 and not A-660 as mentioned in the October *Announcements*. . . . Requests for the account of the Mississippi Social Hygiene Association's project, *Education for Responsible Parenthood in Mississippi*, by Dr. W. G. Hollister, have led the ASHA Publications Service to secure a regular stock. This is publication A-667, and these reprints are 10 cents each.

This Month: Two years ago, in November, 1944, the JOURNAL published a *Review of Progress in Social Hygiene Legislation*. . . . The November, 1946 issue is proud to record further advances in state laws in the past two years. . . . The maps on pages 456-460 appear also in publication A-567, *Twenty-Two Years' Progress in Social Hygiene Legislation*, by George Gould. Would you like to see these maps produced for wall display? If so, please let the Publications Service hear from you. . . . The Hall-Usher article, *Seven Years' Experience with Premarital and Prenatal Examinations for Syphilis in*

New Jersey, was preprinted last summer as publication A-619 (10 cents). . . . We shall have reprints of George Gould's useful commentary on *Social Hygiene Laws in Court* and of Joseph Lichstein's summary of *Premarital and Prenatal Legislation in Canada*. . . . You will find real help in these articles and other publications recommended in the bibliography on page 411.

Next Month: The *Social Hygiene Day* number of the JOURNAL presents comments on various phases of the program, all stressing the need for action along the broadest possible lines against social hygiene problems. . . . Articles and authors are: *Prevention Is the Watchword: Some Social Implications of the Venereal Diseases and Their Control*, by Vice Admiral Ross T. McIntire, Surgeon General, United States Navy; *Health of the Army*, by Major General Norman T. Kirk, Surgeon General, United States Army; *The Moral Equivalent for Law Enforcement*, by Charles C. Noble, D.D., Dean, Hendricks Chapel, Syracuse University; *What Do Young People Want in a Marriage Partner? Results of a Questionnaire Study of 559 Young Men and Women*, by Mirra Komarovsky, Assistant Professor of Sociology, Barnard College, Columbia University. *National Events, News from the States and Communities*, and other departments as usual. . . . *35 cents postpaid*.

NEW BOOKS AND PAMPHLETS

Questions and Answers About Syphilis and Gonorrhea (A-431). This standard folder is out in a new up-to-date edition with new cover design. Prices are \$1.50 per hundred; \$7 per thousand.

State Laws to Guard Family Life (A-625) is about to appear in a new dress. This is a good give-away for public education on the values of premarital and prenatal examination laws and other social hygiene legislation. In convenient six-page folder style for mailing in #10 envelope. 5 cents a

copy; 50 cents per dozen; \$2.50 per hundred.

The New Heller-Vonderlehr Book: A gratifying response has been received following the announcement of the Educational Edition of *Control of Venereal Disease*. Publishers of the original edition report a similar satisfactory situation. Copies of the educational edition are \$1.25 postpaid; \$12.00 per dozen (plus carriage); \$80.00 per hundred (plus carriage). Order now for Social Hygiene Day distribution.

NEW BIBLIOGRAPHIES

A-444 *A Classified List of Social Hygiene Pamphlets* for 1947 brings titles, authors, and subjects up to date.

A-453 *The Social Hygiene Bookshelf* also is about to come out in a new 1947 edition.

For these and other publications and materials write to
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
1790 Broadway
New York 19, N. Y.

Journal of Social Hygiene

Social Hygiene Day Number

CONTENTS

Editorial: Out of the Shadow?.....	413
Annual Meeting—American Social Hygiene Association.....	419
Prevention Is the Watchword! Some Social Implications of the Venereal Diseases and Their Control.....	Vice Admiral Ross T. McIntire 420
Health of the Army.....	Major General Norman T. Kirk 425
Working Together to Stamp Out VD.....	Walter Clarke 430
The Moral Equivalent for Law Enforcement.....	Charles W. Noble 436
What Do Young People Want in a Marriage Partner? Results of Questionnaire Study.....	Mirra Komarovsky 440
National Events.....	Eleanor Shenehon 445
News from States and Communities.....	Betty A. Murch 452
News from Other Countries.....	Jean B. Pinney 457
Index—Volume 32, Journal of Social Hygiene.....	461

National Social Hygiene Day
Wednesday, February 5, 1947

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

THE COMMITTEE ON PUBLIC INFORMATION AND PUBLICATIONS
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JOURNAL OF SOCIAL HYGIENE

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Journal of Social Hygiene

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DECEMBER

NO. 9

Social Hygiene Day Number

EDITORIAL

OUT OF THE SHADOW?

Scientifically, America stands closer to victory over the venereal diseases today than ever before in history.

Science knows the cause. Science knows the cure. The effectiveness of modern therapy has been demonstrated. Safe and rapid treatment for syphilis and gonorrhea is now more than a possibility. It is a fact.

And yet . . . *VD still means "very dangerous" to the health and happiness of our people. . . . Health officers report that new cases of VD are increasing sharply, especially in our port cities.*

For example, in our largest community, New York City, there were 29 per cent more VD infections during the first six months of 1946 than for the corresponding months in 1945. In New York State, exclusive of New York City, it is estimated that the 1946 rate, if the present rise continues, will double that of 1945.

The paradox which challenges our boldest efforts, as preparations go forward for observing NATIONAL SOCIAL HYGIENE DAY on February 5, 1947, is this:

The means to STAMP OUT VD lie within our grasp—but VD is spreading!

Can we reach high enough—strive hard enough—to lift the shadow that has lain so long across our land? Can we realize the bright promise that lies before us?

Teamwork Brings Results

During wartime a fine teamwork job achieved impressive gains in the fight against VD. Army, Navy, Public Health Service, Social Protection Division and American Social Hygiene Association furnished national leadership. In the states and communities health and law enforcement officials, welfare agencies, social hygiene societies and many other cooperating citizen groups joined their efforts. Some results:

. . . *VD in the armed forces* was brought to an alltime low rate of less than 30 infections per thousand men.

. . . *VD among civilians* was decreased by expanded medical facilities, new rapid treatment centers, and all out efforts to find infections and keep them under treatment.

. . . *Commercialized prostitution* was practically wiped out in our cities and towns.

. . . *Real progress* was made in developing and using practical methods of "social treatment" and "redirection" for victims of VD and prostitution.

. . . *There was earnest effort* to provide needed protection and guidance for young people.

. . . *Newspapers, magazines, radio* and public education channels generally, carried the story to the people, as a matter of public interest and needed information.

. . . *New social hygiene citizen groups* sprang up across the country, reflecting wide public concern and speeding community action.

These gains must be held and strengthened, if we are to emerge from the shadow of VD. We must move forward, together. We cannot stand still.

Now Is the Time for More Teamwork!

Danger Signs

If we fail to advance, we shall slip back. This has happened before. In World War I, also, great gains were registered against VD, but later, interest lagged, Federal and State appropriations were drastically curtailed and the program dwindled. VD work stopped in hundreds of health department clinics. Medical Director John R. Heller, Chief of the USPHS Service VD Division, recently said of the Federal program in 1920 and after, "The Division con-

tinued to exist, but most of the work it had undertaken had to be abandoned." The ebbing tide did not turn until Congress passed the VD Control Act in 1938, and aid to the states was again available.

A vital factor in this retreat from progress was the slackening of public interest and support. Here are some reasons why we cannot afford to let this happen again:

In September, 1945, Army officials, quoting an incidence of 154 VD cases per thousand men in the European Theatre of Operations, forecast still higher numbers of VD infections among occupation troops. These higher rates are now confirmed, and indicate civilian VD epidemics overseas. This sharpens the threat to America's health. VD cannot be kept behind national boundaries, as attested by the rise in infections among our seaport populations. It is certainly "one world," so far as health matters are concerned.

Since our war ended, American Social Hygiene Association studies show law enforcement against prostitution relaxing in many communities. At the end of June, 1946, 16 per cent of cities studied showed "bad" conditions, as compared with four per cent in early 1945. Congress' failure to provide for Federal social protection assistance to the states and communities for the current year makes this situation more critical.

In the past year and a half Army and Navy have demobilized millions of men, including many medical officers and servicemen trained in VD prevention and control. The highly valuable military-civil cooperative plan for case-finding, which brought thousands of sources of infection under treatment, has been reduced in proportion. Civilian case-finding facilities are not yet adequate to do the full job alone, especially with the civilian population augmented by war demobilization.

Nor are most communities yet in a position to provide VD education on the intensive and expansive scale maintained by the military services.

To these elements in the postwar social hygiene picture add the complication presented by over-confidence in the public mind—especially the youthful public mind—regarding the effectiveness of penicillin and other new VD therapy. Reminders from physicians and health officials that these methods are still in an experimental stage have little effect. Even among otherwise informed and intelligent persons, syphilis and gonorrhea are less than ever regarded

as serious diseases. As Dr. John H. Stokes says, “. . . we are learning that easy, quick, reactionless treatment is a boomerang.”

Don't Let History Repeat!

Let National Social Hygiene Day signal a new advance in the drive to make sure that the nation's health, strengthened in war, shall not be weakened in peace.

Call to Action

These are ominous portents. They warn that the tragic events which followed World War I may repeat unless we attack the problem at once, with redoubled vigor and strong teamwork.

We have the basis for working relationships in such teamwork in the new *Eight-Point Agreement of 1946*. This Agreement, signed by the Secretaries of War, Navy, and Treasury, the Federal Security Administrator, and the President of the Association of State and Territorial Health Officers, calls for the help of the American Social Hygiene Association, the state and community social hygiene societies, and all other interested groups, “in developing and stimulating public support for VD control measures.”

“It is obvious,” a note says, “that complete cooperation . . . is necessary for successful promotion of VD control activities.”

Prevention Is the Watchword!

Medical measures alone cannot conquer VD. All the penicillin in all the laboratories in the world,—all the search of medical science for newer and better means of diagnosis and treatment,—all the painstaking care in using these weapons against infection, cannot wipe out syphilis and gonorrhea unaided.

But VD is preventable. The path out of the shadow lies by way of strong support of medical efforts with every means we can command in the preventive campaign.

What Does Prevention Mean?

Prevention is still in the “horse-and-buggy” stage as compared to the stream-lined advances in diagnosis and treatment of VD. But progress has been made, and more will come, as we keep prevention before us as the watchword and work together towards this goal.

Prevention is a broad task. What does it mean? What is our part as citizens?

Prevention means an understanding that "conduct and not medication lies at the core of the venereal disease problem."

Prevention means acceptance of individual responsibility for protecting the strength and soundness of marriage and family life, on which the vitality of the nation and the welfare of the community depend.

Prevention means sound character-training in childhood and youth as a major influence in the promotion of high standards of sex conduct.

Prevention means provision of safeguards to protect young people from situations which lead to sexual promiscuity.

Prevention means steady, vigorous citizen support of the work of law enforcement officials in repressing prostitution.

Prevention means help for the victims of the prostitution racket—for "young people in trouble"—to guide them back to normal living.

Prevention means knowledge on the part of each and every person, young and old, of the dangers of VD, the need to avoid exposure, and to seek treatment promptly if infection occurs.

Prevention means now, more than ever, working together to improve community conditions, to reinforce ethical standards, and provide suitable training, guidance and protection for youth.

Your Chance to Help

Social Hygiene Day, February 5th, offers a splendid opportunity for you and your organization to strengthen the campaign to *Stamp Out VD*. On that day, as in past years, communities throughout the country will dramatize the fight. Thus, we signal our common determination to press forward.

Help plan and carry out a Social Hygiene Day meeting in your town. Write for a kit of free materials containing practical suggestions for:

... *Your town meeting, forum, conference or institute* where the vital social hygiene message can be presented.

... *Your story by radio*—plan spot announcements, talks, forums, over your local stations.

... *Your story in the press*. Social Hygiene Day program and publicity aids include samples of literature for mass distribution.

... *Exhibits for public display*.

Good Neighbors Will Join

Your state and local social hygiene society or committee, local or state department of health, medical societies and social protection committees can be counted on to join in Social Hygiene Day observances and in the development of special events.

Law-enforcement officials and members of the legal profession are effective speakers on repression of prostitution.

Leaders of church and school, of youth and youth-serving agencies can well lead discussions on training of young people.

Trade union leaders and employers can help you reach many people with the Social Hygiene message.

Pharmacists, long active in the fight against VD, will distribute leaflets and lend use of their show windows for educational displays.

Prepare now for your part in Social Hygiene Day. Together, . . .

Let's Stamp Out VD

Write to

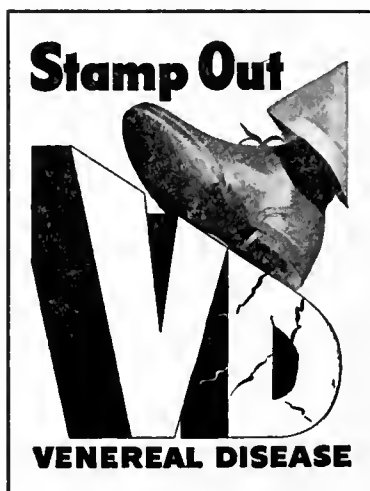
The Social Hygiene Day Service

ELEANOR SHENEHON, *Director*

AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway

New York 19, N. Y.



ASHA ANNUAL MEETING

Important Notice to Members:

The Thirty-fourth Annual Meeting of the American Social Hygiene Association will be held in New York City, New York, February 4 and 5, 1947. Sessions will be held as follows:

Tuesday, February 4

6:00 p.m. Dinner Meeting Board of Directors

Wednesday, February 5

Hotel Pennsylvania

10:00 a.m. Annual Business Meeting of Association Members, reports of Committees, election of officers.

11:00 a.m. General Session

1:00 p.m. Social Hygiene Day Luncheon, with award of William Freeman Snow Medal for Distinguished Service to Humanity, and award of Honorary Life Memberships

3:00 p.m. General Session

5:00 p.m. Meeting of the new Board of Directors

Details of the program will appear in later publications of the Association. In the meantime suggestions and proposals regarding program, officers and administration of the Association's affairs may be submitted by members and will be referred to the appropriate standing committees and the Board of Directors for study and action at the Annual Meeting.

All sessions of the Annual Meeting of the Association will be open to the public, and friends are invited to join the members in attendance throughout the day on February 5.

ROBERT P. FISCHELIS

Secretary

American Social Hygiene Association
1790 Broadway, New York 19, N. Y.

PREVENTION IS THE WATCHWORD! *

SOME SOCIAL IMPLICATIONS OF THE VENEREAL DISEASES AND THEIR CONTROL

VICE ADMIRAL ROSS T. MCINTIRE

Surgeon General, United States Navy, 1938-1946

Again—as after all wars—we find ourselves confronted with many complex and far-reaching problems in our efforts to reestablish the ways of peace and the means of assuring the preservation of that peace. While the “shooting war” has ceased, the world today is still beset by its turbulent aftermath.

Social, political and economic upheavals in all quarters of the world are continuing to hamper the efforts of those seeking to restore the means which will once again permit us to enjoy the peaceful pursuits of life after too many miserable years of war.

There remain to be faced and solved many problems—some of which are very old, others which are of more recent origin. I feel that many of these problems arise from the shortcomings of our social structure within which lies the broad field of social hygiene—a field of primary interest to you ladies and gentlemen gathered here this afternoon.

One of the most challenging problems with which we are confronted today in our programs for the furtherance of social hygiene is the control of the venereal diseases. In this respect the lessons of history are clear. Our path and our goal have already been laid out for us. We need but the courage to attack the problem in a vigorous and forthright manner.

During the First World War, splendid organizations were set up to control venereal diseases both in the civilian communities and in the military establishment. Those organizations did a fine job and long forward strides were made towards reaching the objective. Unfortunately, indifference and neglect toward these control activities set in after the war and the resulting lack of enthusiasm, coupled with lack of funds, caused many of the gains to be lost.

Before World War II started, we had again commenced a program directed towards eradicating venereal diseases in this country. Great impetus was given the program during the war. The civilian and military authorities cooperated closely. Public interest and action were aroused. Again good organizations were established and fine work was done. Venereal diseases in the Navy were held to the lowest rate in history. We saved millions of man-days that were badly needed to fight the war to a successful conclusion.

* An address given before The American Social Hygiene Association luncheon launching the New York City “Stamp Out VD” campaign, October 8, 1946.

Today, we are headed back to where we started. Once again indifference and neglect are seriously affecting our efforts to control venereal diseases, and in spite of all of the new methods which have been developed to fight these diseases, we have already lost much of the ground gained during the past six years. This is a disturbing thought, indeed, particularly when we should now be well on our way towards wiping out, in this country, the venereal diseases and social evils that prey upon the body, mind, and finances of our young men and women and doom our children and aged to untold sufferings and incapacitation.

What is the cause of this situation in which we find ourselves? And finding the cause—what is the cure?

I am convinced that we cannot develop an effective and lasting program to combat venereal diseases by relying solely on the curative measures attained by medical methods. Rather is it up to the medical profession and the social agencies, working in the closest cooperation, to develop a broad program embodying education of the young and the cure and rehabilitation of infected adults.

The saying, "A little knowledge is a dangerous thing," is, I think, as applicable in this case as it is in other fields. The young person, upon reaching a suitable age, should be instructed and advised of the terrible physical and mental penalties which hang over the heads of those who engage in promiscuity. They should be brought to dread the thought of possible infection.

During the past several years many new and wonderful drugs have been discovered. Several of these drugs were pronounced to be highly effective in the treatment and cure of venereal diseases. They were—and they still are. Unfortunately, misinformation regarding the effectiveness of these drugs became widespread among service men. Rumors were circulated by the "know-it-alls" and the self-styled "smart boys" that with these new treatments available, venereal diseases were no more serious than a head cold—and as easy to cure. So why worry? Counteracting this very erroneous idea became a source of great concern for both the Army and the Navy. Misinformation and lack of proper information have proven to be severe handicaps in fighting venereal diseases and these handicaps can be overcome only through education.

Actually very little has been done towards finding out the causes of and the cure for prostitution and promiscuity. A few research projects have been set up in the past but there has been little money or effort expended along this line. For the most part the subject has been shunned or ignored. What little research has been done has thus far yielded uncertain results. However, some research performed during the war on promiscuity* tends to show that certain types of promiscuous women and girls can be helped by joining psychiatry and psychology with venereal disease control.

* *An Experiment in the Psychiatric Treatment of Promiscuous Girls*, January 1943 to June 1944, by Ernest G. Lion, M.D., et al., Psychiatric Service, San Francisco City Clinic, City and County of San Francisco Department of Public Health. 1945.

The motivations of promiscuous women were found to be many and varied. Age, apparently, was not a factor. But some personality characteristics were common to the group. There was an uneven development in the areas of physical, intellectual, emotional and social maturity for individual patients observed. For example, some patients had matured physically and intellectually but were retarded in the emotional and social areas. Assumption of self direction was usually in advance of emotional maturity, occurring in a number of cases during middle and late adolescence. As a group these subjects tended to separate themselves from their families during their adolescent years in terms of physical removal rather than emotional emancipation. Among other reasons for their deportment were included the desire for economic independence, freedom from family supervision, early marriages and the experiences gained in traveling from city to city. Group experiences through club, recreational and extracurricular school activities which are helpful to the individual in learning his place in an adult society had been sadly lacking. Limited discrimination in selecting friends, in securing employment and in making other important choices were characteristic. Immaturity in characterological development was prevalent and was expressed in the inability and unwillingness of the patients to assume responsibility for their behavior. Many felt that they had received inadequate sexual information from their parents or others responsible for their training during their childhood and adolescent years. Resentment was expressed regarding the inadequacy of such information and the methods employed in the dissemination of such information as was given.

Most of the girls came from broken homes where their parents were either separated, divorced or deceased. In many of these broken homes the parents had remarried one or more times. For a large majority, Sunday school and church attendance had ceased before or during adolescence and at the time of the study practically none claimed adherence to any form of organized religion.

There are many lessons to be learned from studies of this type and many questions to be answered.

How can we prevent the broken homes, the conflicts within the family and the problems which arise therefrom that disrupt the child's life and contribute so heavily to delinquency in so many of our young people? How can we knit the family closer together that the child may be loved and protected? The answers to these and similar questions represent a sharp challenge, indeed, to those engaged in the study and pursuit of the social sciences.

Certainly, however, we can start by promoting the education of the adult in order that he may be better equipped to guide the child in his problems. The adult's education should include not only the field of venereal diseases, but should cover the much broader field of social hygiene as far as is possible. Along such lines our public health programs need to be broadened to include more edu-

educational functions both for the adult and the child. Education is certainly a good preventive medicine.

There must be an increased awareness on the part of the public as well as the medical profession that the venereal diseases are contagious diseases. Every effort must be exerted to trace down the contacts of those who are in the contagious stages of the disease. More effort must be made to find the infectious cases and bring them to treatment. The Navy works very closely with the public health authorities in this effort to find contacts. The contacts of every case of venereal disease that arises in the Navy are reported to the appropriate health authorities in order that these contacts may be examined and placed under treatment if found infected. We know that our venereal rates reflect the prevalence in the civilian community since that is where the Navy men get their disease. Our rates in the Navy reached an all time low in 1944. Since that time, however, they have climbed rapidly and at the present time the only hopeful sign we see is that the incidence seems to be leveling off. We are very anxious to see our rates go down and we know from experience that the only way we can effectively control our venereal disease is to give every assistance to its eradication in the civilian community. If our rates reflect, as they must, what is happening in the civilian community—it is obvious that the trend of venereal disease in the United States today gives a sharp warning of the approaching storm.

With the advent of penicillin and certain other drugs discovered in recent years, new horizons were opened up in the whole field of medicine and surgery as well as in the field of venereal disease control. However, no disease has ever been completely controlled by treatment alone—we have to have vaccines to do a complete job. This is especially true in regard to syphilis and gonorrhea, and the social and educational agencies must furnish the vaccines—the preventive measures to support medical and public health efforts. With penicillin and other modern therapy in conjunction with a sustained and coordinated attack by the medical profession, the health officials and the social agencies, it is not too much to envision the complete eradication of the social diseases as a menace to the nations' health.

The public should be warned, however, that penicillin is not a cure-all. It is still substantially an experimental drug insofar as the treatment and cure of venereal diseases are concerned. It will be several years yet before we can say for sure just how permanent the "cure" is. It is, therefore, imperative that patients who have been treated with penicillin submit themselves for examinations at regular intervals over a period of from three to five years. Meanwhile, medical science continues to seek better drugs and improved methods of treating and curing the venereal diseases.

It should be borne in mind that while the medical profession has at hand the means for effectively dealing with individuals who

have become infected, there is little that doctors can do until *after* it has been determined that a person is infected. It therefore remains for the various social welfare agencies to unite in their efforts to find ways and means of curbing or preventing promiscuity as a sure way of preventing infection in the first place. A combination of the two fields of medicine and the social sciences in a new determined attempt, now, to stamp out venereal diseases should prove to be highly successful in obtaining the objective. Prevention is the watchword!

The venereal disease control program must be intensified and expanded in the medical facilities field, in public and professional education, and basically in the field of contact investigation and case-finding, by every means possible. And we must expand our activities in this regard to cover every part of the nation, otherwise an epidemic in one part of our country will spread to the parts where the disease has been eradicated and reinfect those previously cured.

We cannot permit the United States to regress in this or any other field while it remains—as it must—in the spotlight of civilized progress.

Big Stakes in Balance!

Tied into the fight against VD is the fight for better family living, for more adequate training by home, church and school, for direct combat with the forces making for juvenile delinquency and crime, and for suppression of that worst of all exploitations—prostitution. The fight against VD is a fight for public health. The fight against VD is a fight for a better, happier America.

The key to control lies in application of the instruments we have at hand. And the most important of these is education—popular and professional.

“Give the people the truth and the truth shall make them free.” . . . This applies in the deepest sense to VD. An enlightened public, which understands the dangers of these diseases, how they may be treated and cured and, even more important, how they may be prevented, is a public equipped to finish the fight against VD.

*from a statement describing the work of
the American Social Hygiene Association*

HEALTH OF THE ARMY *

MAJOR GENERAL NORMAN T. KIRK

Surgeon General, United States Army

This is a welcome opportunity for me to present to you some of the facts about the health of your army and our plans for keeping the soldier well in years to come.

First, I should like to outline the sort of medical attention which the soldier receives from the day he enters the army until the day he is discharged. To begin with, only those men are accepted for military service who are free from any condition which would be likely to prove a cause of disability to them or serve as a focus of infection for other men in the army. The adoption of x-rays of the chest as a routine part of the physical examination for entry into the service has reduced to the vanishing point the number of men inducted who have undiscovered tuberculosis and has prevented a great number of breakdowns from tuberculosis during Army life. Any minor defects, such as dental defects, which the recruit is found to have and which can be remedied are corrected when he first enters service.

Throughout his entire Army career, the soldier has ready access to medical services as fine as any that can be found in the world. By Act of Congress, it is planned that the army shall provide thirteen doctors and twelve nurses for every two thousand troops. A well-equipped hospital is available at all posts, camps, and stations except the smallest installations, at a ratio of not less than twenty-five beds for every eight hundred to one thousand troops. In addition, there are a number of general hospitals equipped and staffed to provide specialized types of care not elsewhere available. The soldier may go on sick call to the dispensary at any time. If his injury or illness is of a minor nature it will be treated in the dispensary, but if hospitalization is warranted, he will immediately be transferred to the station hospital. Our hospitals are amply provided with all the modern, accepted diagnostic and therapeutic facilities. Soldiers are also given the very best dental care that the dental profession has to offer.

In civilian life it is common to resort to self-treatment or to neglect minor illness, but the army provides every encouragement to the soldier to ask for and receive whatever he may need in the way of medical or dental treatment. Many of the illnesses which in civilian life are treated at home, in the army result in admission to hospital where much better care is available. This tends to shorten the illness and to prevent complications.

* An address before the Women's Interest Unit, Public Relations Division, U. S. War Department, Pentagon Building, 14 November, 1946.

The Medical Department's first concern, however, is not to treat the sick but to guard the health of the soldier and keep him well. Periodic physical inspections are conducted in all organizations. These are designed particularly to detect any infectious diseases for which the soldier has not sought treatment. The Medical Department believes in the adage, "An ounce of prevention is worth a pound of cure." Sanitation of every military installation is under the supervision of the Medical Department. The water supply and waste disposal of the camp are carefully controlled and an unrelenting fight goes on against rodents and disease-bearing insects. Army messes are constantly supervised and checked to insure the safety and sanitary quality of the food.

The soldier's diet has been carefully worked out to provide the optimum quantities of all nutritional factors. The army has nutritionists and dieticians whose duty it is to determine the needs of the soldier in terms of calories, proteins, vitamins, and other dietary factors and to see that these needs are amply met by a diet which will be palatable and appetizing. It is the usual experience for men to show a marked gain in weight during the first few months in Army life, especially the younger recruits whose appetites are prodigious. These men are encouraged to eat all they desire and extra ration allowances are provided for them.

The medical officer is taught that his first duty is protection of the health of troops and specially trained physicians are assigned as preventive medicine officers or medical inspectors of each command. These doctors teach and train the line officers and soldiers in those principles of personal hygiene and sanitation which are necessary to maintain high standards of health.

Upon entering the service, each recruit is given certain immunizations which scientific research and practical experience have shown are of great value in protecting him against infectious diseases. The immunization program is flexible and intended to furnish troops with protection against the specific diseases they are likely to encounter. The record for the prevention of tetanus was especially remarkable. In spite of the many thousands of battle wounds in which tetanus has always been feared as a deadly complication, there were only five deaths from tetanus during the entire war, and only two of these were in soldiers who had been properly immunized.

What sort of a health record has resulted from the regime which I have just described? It is well known that in wartime armies have always suffered heavily from disease. In fact, World War II was the first one in which diseases claimed fewer lives than battle injuries. I should like to review the record established in this war as compared with the First World War. There is one figure which perhaps comes nearer to expressing the combined effects of our programs of preventive medicine and medical care than any other. This is the combined death rate from all diseases. In World

War I, an average of 1,640 soldiers out of each 100,000 troops died of disease each year. In World War II, the average death rate from disease was 62 out of 100,000 troops per year, a figure less than one-twentieth as great.

What was responsible for this remarkable decline? Some of it, I must tell you at the outset, was good luck. We were fortunate in not having a devastating epidemic of influenza like that which swept the world in 1918. But there were other and more important factors. The availability of miraculous new drugs, penicillin and the sulfonamides was a large element in the improvement.

Two of the best examples of the improvement in medical treatment in the Army over the past twenty-five years are furnished by the record of death from meningitis and from pneumonia. In World War I, out of each one hundred soldiers stricken with meningitis, thirty-eight died; in World War II, fewer than five out of one hundred cases were fatal. Out of one hundred men who developed pneumonia in the First World War, twenty-four died, while in World War II, there was less than one death for each one hundred cases.

The improvements in surgery have paralleled those in medicine. In World War I, 8.3 per cent of the soldiers wounded in battle died. In World War II, the rate was only 4.5 per cent. The extensive use of whole blood, blood plasma, and other blood derivatives, made possible to a large extent by your voluntary blood donations, was a large factor in this improvement.

DDT as an insecticide was of great assistance in the control of insect-borne diseases such as malaria, typhus, dengue, dysentery and diarrhea.

Atabrine as a suppressive, along with other control measures, reduced the incidence of malaria so that it became a lesser menace than the Japanese army in the Pacific.

Army preventive and therapeutic procedures were largely guided by the National Research Council and other scientific agencies which stood ready at all times to assist in any way possible. The net result of these cooperative efforts was to make available to military medicine the latest scientific developments long before they could possibly have come into general use in civilian medical and public health practice. This research is still going on, with continuing benefit to military and civilian medicine; it was not merely a wartime expedient.

There have recently been appearing in the public press many comments regarding venereal disease in the Army. I should like to talk about this so called "army problem" for a moment or two.

Venereal diseases have always been present in the civilian populations from which Armies are drawn. Although a man may don a uniform he does not change anatomically, physiologically or emotionally. Before he was accepted into the service he had all the

natural human desires, impulses, and passions that have created trouble since the world began. As a soldier he is more conspicuous than his "brother in mufti," especially if he conducts himself in a manner contrary to accepted standards. Much of the current wrong thinking about the problem of the soldier proceeds from the erroneous premise that in his transformation from civilian to soldier he has become a robot who, if you show him a ping-pong table or a USO show, will forget about sex. Studies have been made which indicate that a young man's code of conduct is fairly well established by the time he is eighteen. If he has been promiscuous before entering the service, it is to be expected that he will continue to be so. If he practiced continence before he entered the service, he might well continue this practice. In essence, therefore, it is not the *soldier* and girl problem which we have with us in the Army, but the *boy* and girl problem transferred from civilian life. This, however, does not simplify the problem; but it may save us from the errors that would engulf us if we seek to blame the Army for reflecting a condition which our whole society still finds great difficulty in regulating.

The number which the army uses to measure the rate at which troops contract venereal diseases has been widely misinterpreted of late, and I should like to say something about this. The index, the annual admission rate, tells us the numbers of troops who would be infected in an *entire* year if the same rate of infection which obtained during the report period kept up for a year. If the report period were a month, the number of infections per thousand troop strength in the month when multiplied by twelve, produces the annual rate. Or, if the report period is one week, the number of infections per 1,000 troops during the week multiplied by 52 produces the annual rate. These annual rates have been interpreted as indicating the proportion of the Army currently infected; so that an annual rate of 241 per thousand per annum recently quoted for the European Theater had been written up to show that one out of four men had a venereal disease. Actually, one-half of one per cent or one in two hundred of the troops stationed in the European Theater was admitted to treatment for venereal disease during the period quoted. To avoid this confusion, we are now computing our rates in popular terminology so that they measure the per cent of the troop strength infected in a particular report period.

The present army's venereal disease control program may be considered under two headings:

1. Control activities essentially military.
2. Control activities dependent upon the support and cooperation of civilian agencies.

The military program consists of the following:

1. An extensive educational program by means of lectures, films, posters, pamphlets, etc. to combat ignorance concerning venereal disease.

2. Discovery and adequate treatment of military personnel infected with venereal disease.

3. A program of moral and religious education conducted by the Corps of Chaplains.

4. Recreation and athletics provided by the Special Services to occupy the soldier's leisure time.

The second aspect of the army's program is concerned with the control of venereal disease in civilian communities. This program has been conducted in cooperation with local health and police departments, the U. S. Public Health Service, and numerous non-governmental groups such as the American Social Hygiene Association, Councils of Social Agencies, Senior and Junior Chambers of Commerce, churches, and other voluntary agencies.

The army and civilian agencies alike are confronted with the cumulative effects of the postwar era, the relaxation of the moral code at home and abroad, the loss of stability provided by the home, church and school and normal peacetime relationships. It should be recognized that every measure that promotes the economic well-being of society and the stabilization of the home leads to sane sex behavior and, therefore, to the prevention of venereal disease.

I have striven constantly to imbue physicians entering the military service with the attitude that their duties and responsibilities are similar to those of civilian life, that in fact they are the family physician to the men of their unit. I do not believe that they have failed us. Testimony from overseas and here at home indicates that they have assisted and are continuing to assist our young soldiers over trying periods with wise counsel and guidance.

General Eisenhower's Christmas Message to Troops Throughout the World

You, of the United States Army, are now engaged in a mission whose essence is the establishment and maintenance of conditions in which may prosper world-wide extension of the Christmas spirit. Wherever you are stationed and whatever your task may be, all of you are guardians of peace. You strive so that, at this and every Christmas to come, we may be able to celebrate the good tidings of this season, serenely secure from the sacrifice and terror of war. Though accomplishment means that you must perfect yourselves in the technical, disciplinary, and mental processes of war, your basic purpose must always be its prevention rather than its waging. To all who serve or have served in our country's Army, I extend my warmest greetings and sincere good wishes. My thoughts are especially with those whose duty requires them to spend this Christmas away from home and loved ones. The present sacrifice you make is a real contribution to Christmas peace.

DWIGHT D. EISENHOWER

Chief of Staff, United States Army

WORKING TOGETHER TO STAMP OUT VD

WALTER CLARKE, M.D.

Executive Director, American Social Hygiene Association

END OF THE DARK AGES

The decade 1936-1945 marked the end of the dark ages of evasion of the nation's greatest health problem—the venereal diseases. A tidal wave of publicity sweeping the country early in this period so focused public attention on the prevalence and devastating effects of syphilis that public opinion polls indicated overwhelming support for strenuous governmental measures to stamp out the venereal diseases. In 1938 Congress by unanimous vote in both houses enacted the VD Control Act establishing a national policy of aid to the states for “the prevention, treatment and control of the venereal diseases.”

The progress made in this decade represents one of the most brilliant achievements in public health history. Aided by Federal appropriations, we have gone far on the road toward eradication of the venereal diseases and this in spite of the intervention of the Second World War.

At the end of this decade of progress we take stock of accomplishment, we survey the future, we determine to press forward, we dedicate our best energies and intelligence to realization of the ultimate goal—to stamp out venereal disease.

FEDERAL PARTICIPATION

From the outset the members of Congress have been strong friends of VD control. Wisely beginning with a small appropriation of three million dollars in 1938, Congress has increased funds for VD control as rapidly as professional personnel could be recruited, trained and placed in strategic positions. The growth of Federal, state and local funds for VD control has been paralleled by stronger organization, wider service throughout the nation. The following table lists these funds:

Federal Appropriations for Venereal Disease Control and State and Local Funds Budgeted for Venereal Disease Control

<i>For fiscal year ending June 30</i>	<i>Federal Appropriations</i>	<i>State and Local Appropriations</i>	<i>Total</i>
		figures	
1935	\$ 62,255	not available	\$ 62,255
1936	80,000	“	80,000
1937	80,000	“	80,000
1938	80,000	“	80,000
* 1939	3,080,000	\$4,342,329	7,422,329
1940	5,000,000	5,988,655	10,988,655
1941	6,200,000	6,842,926	13,042,926
1942	8,750,000	6,984,585	15,734,585
1943	12,500,000	7,457,100	19,957,100
1944	12,500,000	9,300,275	21,800,275
1945	12,700,000	11,726,759	24,426,759
Totals	\$61,032,255	\$52,642,629	\$113,674,884

* Beginning of appropriations under Venereal Disease Control Act of 1938.

In 1935 the Federal government spent less than one twentieth of one per cent (\$00.005) per capita for VD control—not enough to implement a national program. In 1945 the Federal government spent nearly ten cents per capita and the Federal, state and local authorities together spent about eighteen cents per capita to stamp out VD. The average expenditure of the Federal government for the seven year period, since the Venereal Disease Control Act became effective, was less than seven cents per capita per year, and the total of Federal, state and local expenditures was about twelve cents per capita per year. Compare that to the total national government expenditures which, for 1945 alone, amounted to \$719.25 per every man, woman and child in the United States. Or contrast the seven-cent annual per capita average for VD control with the two billion dollars spent on the establishment of the atomic bomb project.

Not every accomplishment in this decade was financed by Federal funds. However, Federal funds and leadership were and remain essential to progress. With strong Federal participation, final victory over VD is assured.

GROWTH OF SERVICES

Before the Federal VD Control Act was passed in 1938 few states and cities had VD Control services of any kind. Now with Federal help every state and most cities have excellent organizations hard at work fighting the venereal diseases.

Two significant indices of this growth and accomplishment are chosen to illustrate this fact—the number of VD clinics and the number of blood tests.

In 1935 there was an average of one VD clinic per 200,000 population, not enough to make any impression on the national VD problem. In 1945 * there was an average of one VD clinic per 37,000 population, more nearly adequate to provide for indigent infected persons that diagnosis and treatment which saves lives and prevents the spread of disease.

In 1935 only one blood test per year per hundred population was made—not enough to help many doctors find syphilis. In 1945 increased laboratory services made an average of one blood test for every seven persons in the United States, thus helping more doctors find more cases of syphilis.

HOW MUCH SYPHILIS?

During the decade 1936–1945, through improved laboratory tests available everywhere, the nation learned how many people have syphilis.

Each selectee and recruit was given a blood test—4.5 per cent were found to have syphilis. Community-wide and industry-wide

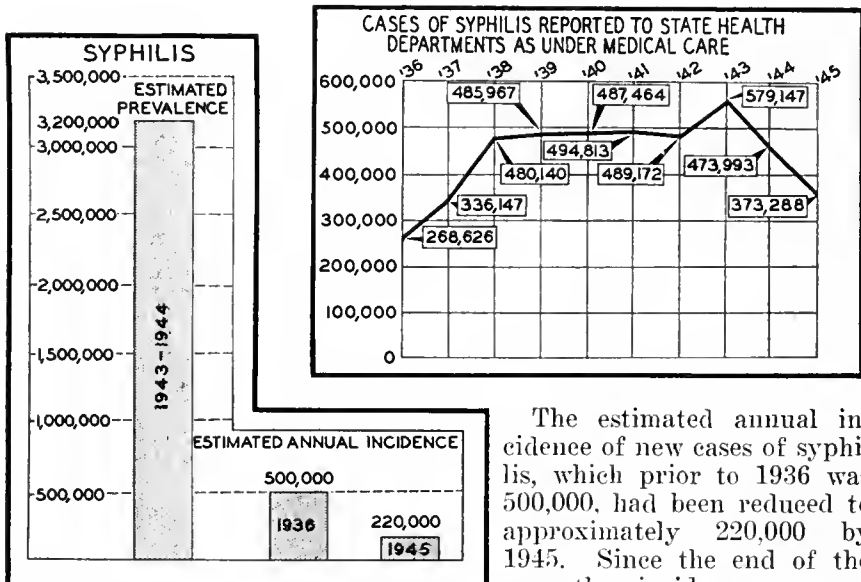
* Latest year for which complete record of services rendered is available.

blood testing was accomplished in many places. Blood tests of candidates for marriage licenses and of pregnant women were made in most states. Blood tests became routine in the best hospitals.

The prevalence and sex, age and race distribution of syphilis were determined with some accuracy for the first time in the history of any country.

The facts are impressive. Not less than 3,200,000 cases of syphilis exist in the United States. Each year at least 1,200,000 new cases of gonorrhea occur.

OVERTAKING THE INCIDENCE RATE



The estimated annual incidence of new cases of syphilis, which prior to 1936 was 500,000, had been reduced to approximately 220,000 by 1945. Since the end of the war the incidence appears to have risen to about a quarter of a million cases per year.

The number of cases of syphilis reported to state health departments as under medical care is shown in the graph above. Estimated prevalence and estimated annual incidence in 1936 and 1945 are shown in the graph at the left.

FROM SLOW TO QUICK TREATMENT

In 1936 the standard treatment of syphilis required at least one year. Treatment of gonorrhea required at least three months and was often ineffectual.

Only 25 per cent or 30 per cent of patients completed treatments for either infection. The great majority became discouraged, lapsed treatment, continued to spread disease, suffered the grave effects of neglect.

During the decade 1936-1945—

The "five day intravenous drip" and other intensive arsenical treatments of syphilis were developed and widely applied;

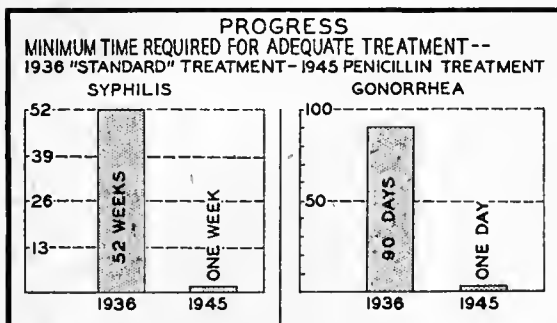
The penicillin treatment of syphilis, discovered by Dr. John F. Mahoney, of the U. S. Public Health Service, was developed and made generally available;

The sulfonamide treatment of gonorrhea was discovered, tested and applied throughout the nation;

The penicillin treatment of gonorrhea was discovered and made universally available.

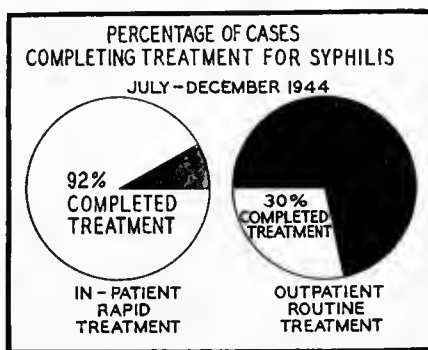
And in this decade—

The treatment time of early syphilis has been reduced from *one year*, with few completing treatment, to *one week*, with nearly all completing treatment. The treatment time of gonorrhea has been reduced from *three months* with few completing treatment to *one day*, with cures in 85 per cent or 90 per cent of cases, and all completing treatment.



The great advantages of rapid treatment with penicillin are—nearly all patients complete treatment, and they are all under control while undergoing treatment.

Rapid treatment, which renders syphilis non-infectious, will go far toward wiping out syphilis if new cases can be found and brought under treatment fast enough.



THE ACCOMPLISHMENTS

The accomplishments with so small a sum of money as eighty-seven cents per capita spread over a period of seven years, have been phenomenal.

The finest personnel training centers in the world have been created and are turning out efficient workers.

Excellent VD control organizations have been created in every state.

Great medical research has been started and has already made amazing progress.

With rapid therapy three times as many patients complete treatment.

The estimated annual incidence of syphilis has been reduced from 500,000 prior to 1936 to 220,000 by 1945.

The general syphilis death rate has been reduced by one-third.

Infant deaths due to syphilis have been more than cut in half.

First admissions to mental hospitals due to syphilis have been reduced by 13 per cent.

Millions of man-days of fighting forces were saved by rapid treatment.

The lowest military VD rates ever known in wartime were maintained in American forces, due in large part to the activities of civilian health authorities, Federal, state and local.

Syphilis among citizens was kept in check in wartime America, while reaching epidemic proportions abroad.

The general public now knows about VD and strongly supports Federal grants and Federal leadership to help the state and local health authorities to stamp out VD.

CHALLENGE OF THE FUTURE

A splendid beginning has been made but syphilis and gonorrhea remain formidable public health problems. Gains can only be held by constant vigilance. We cannot stand still. If we fail to advance, we shall slip back. Relaxation in control efforts takes a swift and tragic toll in rising infections. The experience of the Scandinavian countries, where VD had been virtually wiped out in pre-war days, provides painful evidence of this. All the Scandinavian countries, including Sweden, which was not occupied during the war, today are confronted anew with rising venereal disease incidence of great proportions.

America is determined to hold present gains and to move forward to reduce these infections to places of minor importance among communicable diseases—and eventually to stamp them out.

To accomplish this end, the following are necessary:

1. The efficient public health organization created by states, cities and counties throughout the nation with the aid of Federal funds must be maintained and expanded. Increased funds are needed to meet increased costs of services and materials.
2. Greater attention and more trained personnel must be devoted to case-finding activities—a lesson learned in wartime. Every infectious case must be found and brought under medical care.
3. Rapid treatment must be available within reach of all who need it everywhere.

4. More attention must be given to solving social and educational problems at the root of sexual promiscuity which spreads venereal disease.

5. More funds must be made available for medical and administrative research and for professional personnel education.

FORWARD TO VICTORY!

We are now ready as a nation to go forward to certain victory over VD.

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THE MORAL EQUIVALENT FOR LAW ENFORCEMENT *

CHARLES C. NOBLE

Dean, Hendricks Chapel, Syracuse University

Social hygiene workers in recent years have learned anew the lesson taught from the beginning. More than ever today they realize, if the social hygiene problem is to be solved, that a well-rounded program, including all measures that will help in any way, must be vigorously and continuously directed towards the main objective—the building of healthy, vigorous individual, family, and community life.

In the basic social hygiene problems of prostitution and promiscuity, from which stem so many other difficulties, it is especially plain that the solution will not come through attack from any one direction. It is not sufficient to say, through laws and law enforcement, "Thou shalt not!" Something more than prohibition is necessary. It is not sufficient to apply remedial measures through drugs or social treatment, after the damage has been done. To the protection offered by medical and social therapy must be added preventive and protective measures, to foster the kind of personalities which, by their inherent stability and strength, will avoid getting into trouble. Not better police, but better people, constitute our answer to the need for law enforcement in social hygiene.

Our situation in matters of social hygiene is broadly analogous to our situation in world affairs. Man has released more power than at present he knows how to control. His capacity to stimulate has out-run his ability to regulate. We can fly higher and faster, go deeper into the sea, speed across the country more rapidly, and communicate more readily than ever before in human history. But what about the man who is doing the flying or sending the message? Is he not to some extent the slave of gadgets and luxury? Has he not become morally blurred by excessive quantity, so that he suffers from the diminished quality of human experience? In his hands he holds all the physical and, to some extent, the cultural means to create in short order a noble civilization; but unfortunately he is still the same old pagan, floundering around as of yore.

Man and the atomic bomb are a case in point; the trouble is not with the bomb but with the bomber. If we are to overcome the danger inherent in the ruthless use of atomic energy, we had better go to work on the men who control the processes and who can give the word to let loose this power. The answer to our problem

* An address delivered at the opening session of an annual conference at Syracuse, N. Y., Feb. 18, 1946, between the staff of the (New York) State Committee on Tuberculosis and Public Health and executive secretaries of county and city branches of the State Charities Aid Association. Dr. Noble has also spoken on this topic at several later meetings.

is obviously in terms of character. As one of our leading magazines has pointed out, the only thing which can offset the threat of nuclear fission is the moral fibre and inner power of the human individual. In short, atom-control depends upon self-control.

There is no escaping this truth in the realm of social hygiene. The evils of venereal disease can only be wiped out when the morals of the human individual are built up. External power can be mastered only by internal power.

The moral equivalent for law enforcement, then, is self-control. But too seldom do we analyze self-control to discover its constituent factors and to promote its development. Think of it in terms of an automobile and driver. To save ourselves from being at the mercy of reckless driving we must, first of all, have some knowledge of the car we drive, how the power is generated, and what may or may not be done with it. More than that, the driver must have a decent respect for the amazing power at his disposal; for his own personal safety as he drives; and, what is still more important, for the safety of the fellow in the other automobile and for the pedestrian who roams the roads. The exercise of that inclusive self-respect in turn will depend upon training, discipline, and conditioning. In driving that car, instant reactions for various crises must be built into the nervous system of the driver or he will not be adequate in the moment of disaster. And where is one to go with his automobile? There, you see, are the questions of goals, destinations, objectives. Along with that, power must be remembered. Without fuel in the tank and sparks in the spark plugs, no automobile will even get started toward its destination.

Break this figure down and apply it to the development of self-control in the individual. In setting up their program, social hygiene workers must take into account every institution and resource which can give the human individual, from his birth on, the basic knowledge which he needs in order to handle aright the equipment which God has given him. This process of knowledge-sharing can and ought to begin in the home. That is the normal place for the dissemination of biological and sexual information. While this cannot be stressed too vigorously, there is no escaping the fact that the school also must play its part in exposing children to sound and sane biological information. The Church and Synagogue enter the picture at the point of emotions and in regard to the interpretation of biological matters. Obviously enough, here as throughout the picture, these three institutions along with other lesser ones in the community must pool their efforts if growing lives are to get a sound start in developing self-control.

The development of self-respect is not so obvious a process. It is clear, nevertheless, that the child achieves awareness of his own dignity first of all in a normal, happy home. It comes partly by indirection through sensing what others in the home think of themselves and through the awareness of the reverent way in which his

own personality is being treated. Without the helpful influence of the home in developing emotionally secure personality, it is almost impossible to produce true self-reverence. The school offers a medium of social contact which must supplement the home in relating growing lives to other developing personalities. The Church and Synagogue again come on the scene and inculcate a spiritual awareness of the value of the human individual in the sight of God. This is fundamental and must never be omitted.

The training and conditioning process involves all community agencies. All along the line, people have to face situations which require ethical interpretations and moral disciplining. Wise social hygiene workers will study and use the various contributions of the home with its family situations where the learning process has its best chance; of the school, where moral traffic laws can be built into the fibre of a child's being; and of religious institutions, which ceaselessly teach that high morality is inherent in the very constitution of the universe. "Back-seat drivers" will never do in this modern age. We are living in a front-seat world. We dare not wait for moral training until adults are caught up in the tensions of business and community affairs. The place to begin the training is among the quieter pastures of childhood, before young people get out on the main roads where the real tragedies of moral accident occur.

For a time, when the barriers against open discussion of venereal diseases first broke down, and we were throwing our main effort into giving the people the knowledge they needed for protection against these infections, some of us spent little time in talking about the ultimate goals and objectives of social hygiene. Now the pendulum has swung, and we realize more than ever that, however distant, the far horizon must be kept constantly in view. Without this long view, and a clear sense of the road to be traveled, it is hardly possible for us to educate for true self-control.

If throughout his early training a youngster does not have set before him the real beauties of family life, the high purposes for which sex was intended, and the ultimate aims of our society in terms of the sacredness of individuals, he will hardly develop into a worthy member of our larger human family. Obviously enough all the agencies at our disposal which deal with interpreting the meaning of life, advancing humanitarian ends, and exalting what religionists call the Kingdom of God must be rallied to our cause.

A key question with which we have finally to deal is, "Where shall we get the power to start in the direction of better self-control?" The answer is hard to find, but some suggestions may be given. First there must be a new sense of urgency aroused in all who work for better conditions in society. Scientist Harold C. Urey recently wrote, "It is as if a time bomb were ticking away under the floor of the house of civilization." What he feels about the atomic bomb we ought to be feeling about the incidence of

venereal disease, sexual promiscuity, and social immorality. Furthermore, we must impress upon individuals their importance in the battle line. The bulge which immorality is thrusting out today may develop into a rout for the forces of social righteousness unless each citizen fights the battle bravely in his own private foxhole and does not yield an inch. How can one stand fast like that? Only if he keeps his spiritual supply lines open.

This is finally a matter for religious inspiration. No less a leader than General Douglas MacArthur said it from the deck of the battleship *Missouri*, in Tokyo Harbor, "It must be of the spirit, if we are to save the flesh."

Here is the basic stimulation which will make us all self-starters in this effort to produce the kind of self-control which in the end will largely eliminate the need for law enforcement against prostitution and solve our social hygiene problem.

Education and the World Community

"What characteristics does a nation seek in its leaders and in its citizens? The world needs men and women who can observe and discriminate, who have intelligence, stamina, courage, and dominant convictions about the real meaning of individual and collective life. Our times demand individuals of dedication, whose mental, moral, and spiritual qualities fit them for leadership and citizenship in the world community of tomorrow. You may shake your head and feel that this is but the pipe dream of an educator who is selling the commodity that he happens to be manufacturing. No, it is no pipe dream. The creation of a race of men that can solve modern problems is possible, and we must believe that it is possible. The task of educating for life cannot be more difficult than Hitler's job of educating for death; but let us do it in our way, not his. The undertaking cannot be more difficult than the winning of the war on 67 fronts.

"How may we mobilize all our powers to secure our society while there is yet time? How can virtue and intelligence be nurtured, fostered, developed, and harnessed in our land to solve our problems? I believe that a suitable answer has not yet been given to this question. Where does a nation build virtue and intelligence? Manifestly, in its homes, in its churches, in its schools and colleges. But events of recent decades do not convince the average American that these powers in our society can do the job. From past performances he is not too sure. Yet he would like to believe with all his heart and soul in the efficacy of religion and education to solve the problems posed by the discovery of atomic fission. Where else is modern man to turn? Will industry produce leaders who can guide us to a workable world community? Can science alone so elevate the common man that he will be intelligent, tolerant, and farseeing? These aspects of society have not done so in the past. We must develop a vastly better system of universal education in our land. We must create a new concept of civilization. This can be done, first, by changing our attitude toward education and religion."

GEORGE IRWIN ROHRBOUGH
President, Park College, Parkville, Missouri

WHAT DO YOUNG PEOPLE WANT IN A MARRIAGE PARTNER?

RESULTS OF A QUESTIONNAIRE STUDY OF 559 YOUNG MEN AND WOMEN¹

MIRRA KOMAROVSKY

Assistant Professor of Sociology, Barnard College, Columbia University

In 1939 Baber reported a study of attitudes on mate selection of students in a large metropolitan university.² His data had been collected over a period of six years. In the spring of 1946 his questionnaire was given to 559 persons, and this is a report of the results.

Our sample consisted of 451 white undergraduates of a large private university and 108 Y.W.C.A. members. This study was done in the same city in which Baber had conducted his inquiry, though not in the same institutions.

The proportion of returns was high. Three hundred and one college questionnaires were filled out during class periods in sociology and psychology classes by *all* those present. The "Y" women were members of two social clubs. The questionnaires were distributed at club meetings and filled out by every member present. Finally, 150 questionnaires were collected at a women's dormitory. Two students canvassed its residents on three successive days, securing the cooperation of all those found in their rooms.

The table at the end of this report summarizes our results. It cites the percentage of persons answering "Yes" to the question: "All other factors being satisfactory, would you marry a person of specified characteristics?" The other categories are "No" and "Uncertain." The table shows whenever the percentage of those checking "Uncertain" was 5 per cent or over.

We shall first consider sex and class differences revealed by the 1946 study.

Sex Differences

As seen from the table, the sexes differ in their relative ranking of class background as against the purely personal traits of prospective mates. While women also indicated a greater concern with disposition, personality, looks, and health of the mate than with

¹ This study was carried out by members of an undergraduate class on the family. The writer wishes to acknowledge her obligation to the Misses M. Barber, G. Demarest, A. Durant, C. Hanley, A. Hodgins, R. Jones, J. Lantz, P. Miller, M. Price, R. Rosenberg, and J. Smith.

² *Marriage and the Family* by Ray E. Baber. McGraw-Hill Book Co., Inc. New York, 1939. pp. 147-154.

his socio-economic status, the latter was, nevertheless, still quite important for them. Only 84 per cent of the women, but 92 per cent of the men expressed their willingness to marry a person of lower economic status than their own. The importance of the economic factor for the women is higher than is shown by these figures because the affirmative answer was frequently accompanied by the comment, "provided he showed *promise* of success." Baber reports the same sex difference for his college group.

Conversely, it is the men who put greater demands upon looks, health, disposition, and personality.

But if men, on the basis of these facts, should accuse women of harboring "ulterior" motives in mate selection, women might counter with a criticism of their own: Men still rank appearances above intelligence and education. Fifty-six per cent of the college men were quite ready to marry a woman "with less intelligence and education" than their own, but only 41 per cent were willing to take a wife who was "decidedly not good looking." On the other hand, 80 per cent of the women were ready to disregard looks, but only 18 per cent would marry a man inferior to them in intelligence and education. The majority of women, in fact, wanted their men to be *better* educated than they were themselves. Only a handful of men, 8 per cent, indicated preference for superior mates; indeed, a few would like them *inferior*, i.e., with less education and intelligence. The majority of men, however, said "same education as my own."

A curious sex difference appears consistently with regard to morals. The men in this, as well as in Baber's, study, appear more tolerant of moral deficiencies in prospective mates. Considering the existence of the double standard of morality, the result is surprising unless a certain chivalry or sophistication places a greater demand upon men to *express* such tolerance.³

Class Differences

The comparison of the college and the "Y" women provides some data on class differences. The "Y" women were largely clerks with a few factory employees. Their average age was about five years higher than that of the college women.

The greater sobriety and, conversely, the lesser romanticism of the "Y" women is the first difference to be noted. Economic rank, family background, religion, and even health were more important considerations for the "Y" women. Only 43 per cent of them would marry a man of a lower economic rank than their own, while 84 per cent of the college girls were willing to do so.

³ A group of 36 Y.M.C.A. members filled out the questionnaire. While the sample is too small for conclusive results it is interesting to note that *all* of the sex differences found among college students appear also in the comparison of the Y.W.C.A. and Y.M.C.A. members.

As to personal characteristics, the "Y" women were more demanding with regard to moral standards and less so when it came to intelligence and education.

These differences may stem from several causes. Age is one of them. The younger college girls may be the more "romantic" of the two groups. As one of them wrote on the questionnaire: "Were you ever in love? Love overcomes these obstacles." Furthermore, unlike an older woman, when a girl of nineteen says she will marry a man of a lower economic rank she doesn't interpret this as a long-range decision. What she has in mind is a promising young man who, in time, will increase his earning ability. The college girls, especially, feel that their young mates, at the time of marriage, cannot be expected to equal their own or, rather, their fathers' incomes.

There exists actually some evidence that utilitarian considerations increase with age among the "Y" women. Those under twenty-five were more willing to marry beneath them economically (52 per cent said "Yes") than those over twenty-five (38 per cent said "Yes").

But even the "Y" girl under twenty-two was more concerned with economic criteria than the college girl. The former was a secretary. To marry "beneath her" was to marry a man who, though a few years older, is less of a wage-earner than the girl herself. To the college girl, however, a "lower economic rank" meant one lower than her father's often fairly high level.

The lower ranking given by college girls to moral standards may be due to their greater "sophistication." "What is a lower moral standard?" "I don't believe in absolute moral standards" were some of their comments which were absent from the "Y" questionnaires.

Finally, it is possible that differences in folkways may have merely inhibited or facilitated the *expression* of attitudes actually common to the two groups.⁴

⁴ Fifty-seven questionnaires were filled out by Negro girls' students of a city college. They were of a somewhat lower economic rank than the white students. The differences in their attitudes may thus be due to class as well as to race. Two departures of the Negro group may possibly reflect its peculiar culture. Inconclusive as these results are they are suggestive and worth noting.

The Negro girls put a high value on looks and on morals. Only 63 per cent of them would marry a person who was decidedly not good looking as against 80 per cent and 82 per cent for the other women's groups. Eleven per cent of the Negroes and only 2 per cent of the whites were "undecided" as to looks. As is generally known, appearance (such as skin color, hair texture, and other racial characteristics) has for the Negroes prestige connotations quite apart from purely aesthetic ones (see R. L. Sutherland, *Color, Class and Personality*. Washington, D. C., American Council on Education, 1942). As to morals, only 2 per cent of Negro as against 21 per cent of white students would marry a person of inferior moral standards. The puritanism of the Negro middle classes, observed by Frazier, Powdermaker, and others may explain this fact.

Babers' 1939 and 1946, the Studies Compared

Precisely because in most respects the 1946 results are almost identical with the earlier study, the few departures are worth scrutiny.⁵ The most notable of them is the greater readiness on the part of both men and women to marry persons of different religions and of poor health. Furthermore, the college men exhibited increased insistence on intelligence and education in the women they marry.

It is possible, of course, that the undergraduates in the 1946 study comprise a different population segment, but there is reason to suppose that these differences are due to the war. In 1939 only 4 per cent, but in 1946 41 per cent, of women would marry a person whose health was bad when "first acquainted." The women in 1946 expressed also greater determination to stick by a man whose health became bad after an intimate friendship had been formed.

The comments of the women show that it is the war veteran whom they had in mind when they expressed this tolerance of poor health. "Yes," they said, "provided it was a defect such as loss of limb and not a hereditary disease, not T.B., nor mental sickness."

The tolerance of poor health on the part of men has not changed to anything like the same extent but it, too, has increased. Is it that the men, many of whom are veterans, feel the compulsion to reciprocate the tolerance which they expect from women?

The greater readiness to waive religious differences may also be the result of the war. It must be noted that it was a *qualified* readiness: "provided I can keep my own religion"; "provided children can be brought up in mine"; "provided he is not too religious," and so on. The reshuffling of population caused by the war, the military uniform obliterating social distinctions, the scarcity of men have all contributed to a greater interest in the whole subject of intermarriage. This interest was noted by the writer in her undergraduate class on *The Family*. Every year for the past eleven years members of the class were asked to list problems of special interest to them. "Is intermarriage a great hazard?" is a question which appeared with increasing frequency during the war years.

In 1939, 76 per cent of men were willing to marry women inferior to them in education and intelligence, but in 1946 the percentage dropped to 56 per cent. The change may be in line with a general trend towards equality and companionship in the relation between the sexes. Nevertheless, the conventional pattern of male superiority continued to be upheld by both sexes. That 51 per cent of college women would prefer men with a *superior* education may doom some

⁵ The comparison of the two studies is affected by the fact that the category of "uncertain" was absent from Baber's study. In a number of items the proportion of those checking "uncertain" was fairly high as can be seen from our table.

of them to disappointment because the war has interfered with the education of their prospective mates.

PERCENTAGE OF PERSONS ANSWERING "YES" TO SPECIFIED CHARACTERISTICS OF PROSPECTIVE MATES

Questions	The 1946 Study (559 Cases)			Baber's Study † (642 Cases)	
	White College Women	White College Men	Y.W.C.A. Members	College Women	College Men
	350 cases	101 cases	108 cases	321 cases	321 cases
<i>All other factors being satisfactory, would you marry a person of:</i>					
1. Lower economic rank than your own?	84	92*	43	82	93
2. Decidedly not good looking?	80	41*	82	79	32
3. Unattractive disposition and personality?	7	0	4	4	2
4. Lower moral standards than your own?	21	36*	4	20	29
5. Family you consider inferior to your own?	68†	77*	57	75	78
6. A different religion?	70	74*	63*	42	58
7. Decidedly poor health likely to be of long standing if					
a. His health bad when first acquainted?	41	27*	17*	4	6
b. His health became bad after an intimate friendship had been formed?	79	66*	53*	50	49
8. Less intelligence and education than your own?	18	56*	28*	18	76
<i>Would you prefer your mate to have:</i>					
less education than you have? ..	0	3	0	0	17
more education than you have? ..	51	8	67	64	5
same education as you have? ...	11	60	25	36	78
same or more education as you have?	34	12	8	..	..
other?	4	17	..	..	..

* Proportion of "uncertain" is 5 per cent or over.

† Baber *op. cit.*

NATIONAL EVENTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

National Conference on Juvenile Delinquency.—One thousand delegates attended the National Conference on Juvenile Delinquency called by Attorney General Tom C. Clark in Washington, November 20-22. Sixteen panels, on various aspects of delinquency, considered a report drafted in advance on the working principle, "Find out what's wrong and do something useful." At the close of the conference, Mr. Clark announced that the drive will continue on a community level, two groups making up a Continuing Committee to be in charge of the program. Membership of the Committee consists of:

Mr. Henry Monsky, Chairman-President, B'nai B'rith, Omaha, Nebraska;

Mrs. LaFell Dickinson, President, General Federation of Women's Clubs, Washington, D. C.;

Mr. Karl Holton, Director, Youth Authority, State of California, Sacramento;

Rt. Rev. Msgr. E. J. Flanagan, Father Flanagan's Boys Town, Inc., Omaha, Nebraska;

Mrs. Paul Rittenhouse, Girl Scouts, New York, New York;

Mr. Frank L. Weil, President, National Jewish Welfare Board, New York;

Honorable G. Howland Shaw, Washington, D. C.;

Mr. Walter White, National Association for the Advancement of Colored People, Washington, D. C.;

Judge Gustav Schramm, Allegheny County Juvenile Court, City of Pittsburgh;

Walter F. Anderson, Bureau of Investigation, State of North Carolina;

George Hjelte, Superintendent, Department of Recreation, City of Los Angeles;

Hon. Hubert H. Humphrey, Mayor, City of Minneapolis;

Hon. G. Howland Shaw, former Assistant Secretary of State;

Mrs. Victor Shaw, Chairman, Advisory Committee, Community Chests and Councils, Inc.;

Dr. William Healy, Judge Baker Guidance Center, Boston, Mass.;

Dr. Beverley Boyd, Executive Secretary, Department of Christian Social Relations, Federal Council of Churches of Christ in America;

Thomas G. Pullen, Superintendent of Schools, State of Maryland;

Dr. Alice V. Keliher, School of Education, New York University;

Raymond W. Miller, President, American Institute of Cooperation;

Dr. Eduard C. Lindeman, New York School of Social Work;

Dr. Charles E. Henry, School of Social Work, University of Toronto, Canada;

Douglas H. MacNeil, Director, Division of Community Services for Delinquency Prevention, State Department of Institutions and Agencies, New Jersey.

A top-level Executive Board of the Conference was also established to meet as required in Washington. This group has been limited to the eight Executive Committee Members of the recent Conference, plus three additional members and three young people.

In announcing the program for Conference implementation, the Attorney General said that a concise report of the recent Conference was now being prepared for distribution. The report will include

all major decisions of the panels in regard to the various aspects of Juvenile Delinquency. Distribution will be free and copies of the report may be secured by writing to the Executive Committee, National Conference for the Control and Prevention of Juvenile Delinquency, Department of Justice, Washington (25), D. C.

National Social Welfare Assembly Reports Progress.—At the Hotel Commodore in New York on October 28 occurred the autumn meeting of the National Social Welfare Assembly, Inc., which became a permanent organization six months ago following a preliminary study of needs and opportunities. Mr. Robert E. Bondy, the Assembly's director, presented a progress report under five groupings of methods as follows:

1. Study and definition of social welfare problems and human needs.
2. Development of active plans to meet those problems and needs.
3. Provision of a means whereby the agencies of economic, political, and social life can jointly consider human needs and effective action for meeting them.
4. Facilitation of more effective operation of organized social welfare.
5. Action in behalf of social welfare where representation of its interests is indicated.

Mr. Bondy reported that forty-six organizations, eleven of them federal agencies, are affiliated with the Assembly, and all of the five national councils and groups of organizations in the social welfare field have become associated with the Assembly in "some organic manner." A new development is the affiliation of the Associated Youth Serving Organizations, Inc., and the assumption of most of its activities by a newly created Youth Division of the Assembly.

The Youth Division is now sponsoring the organization of local youth councils as originally proposed by AYSO in the pamphlet plan titled *Youth United for a Better Home Town*. This plan is being coordinated with the *Youth United for Famine Relief* project.

World War II veterans are another group of young people in whose behalf the Assembly is taking special steps. Through its Committee on Service to Veterans, a National Conference on Veterans Affairs was held in Washington early in December to provide a national sounding board on the problems and needs of veterans and to develop a Bill of Particulars of community responsibility for meeting those needs. The conference gave answers for the home town to the question, "What can we do in our town on veterans employment, education, housing, and on rehabilitation of the disabled?" The committee has already published one report, *Veterans on the Move*, which discusses housing problems.

Among the Assembly's activities, under item 5, are cooperation with the United Nations Secretariat through its Committee on International Organization for Social Welfare, and direct representation on social welfare on the U. S. National Commission on UNESCO. Mr. Frank Weil, chairman of its Executive Committee, is on the commission.

Plans for 1947, as announced by Mr. Bondy, include the setting up of an office and staff representative in Washington for liaison and service with federal and international government agencies; special study of the proposed Federal Department of Health Education and Welfare; and the development of conferences, forum discussions, a publications and publicity service, and other useful projects. A budget of \$135,000 is proposed for 1947. Headquarters of the Assembly are at room 401, 1790 Broadway, New York.

Civilian Medical Consultants Appointed by the Secretary of War.—

The Surgeon General has recently announced the addition of 122 outstanding experts in the medical profession and allied specialists as civilian consultants, bringing the total available to the Army Medical Department to 327. The majority of consultants named are former officers in the Army Medical Department. Recognized as authorities in their fields, they will aid the army in maintaining the healthiest army in the world.

Major General Norman T. Kirk, the Surgeon General, said that more consultants will be added so the American soldier will continue to get the best medical care available both from military and civilian medical men. In addition to making available the best specialists in this country, the Army Medical Department is sending medical officers to civilian medical schools and hospitals for advanced graduate training, schooling enlisted technicians to aid medical scientists and recalling former medical department officers to active duty to insure the well-being of some 70,000 patients in army hospitals throughout the world.

For a full list of the consultants, see the Technical Bulletin of the Army Surgeon General's office.

U. S. Public Health Service Offers Fellowships in Health Education for 1947.—Fellowships leading to a Master's Degree in Public Health in the field of health education are being offered to any qualified United States citizen between the ages of 22 and 40, according to a statement recently released by the United States Public Health Service, Federal Security Agency. Tuition, travel expenses for field training and a stipend of \$100 a month will be provided out of funds furnished by the National Foundation for Infantile Paralysis.

Candidates must hold a bachelor's degree from a recognized college or university and must be able to meet the entrance requirements of the accredited school of public health of their choice. In addition to the degree, courses in the biological sciences, sociology, and education may be required. Training in public speaking, journalism, psychology, and work in public health or a related field are considered desirable qualifications.

The year's training, which begins with the 1947 fall term, consists of eight or nine months academic work including: public health administration, epidemiology, public health and school health education, problems in health education community organization, and information techniques, and three months of supervised field experience in community health education activities.

Application blanks may be obtained by writing the Surgeon General, United States Public Health Service, Washington 25, D. C., and must be filed prior to March 15, 1947.

Veterans are encouraged to apply and will be paid the difference between their subsistence allowance under the G.I. Bill of Rights and the monthly stipend of \$100. Employees of local and state health departments are not eligible since federal grants-in-aid are already available for such training purposes.

The USPHS has also announced that applications for fellowships in post-graduate public health training for physicians and engineers for the school year beginning in the fall of 1947 will be received at any time prior to May 1, 1947. Applicants may secure further details by writing to the Surgeon General, U. S. Public Health Service, 19th and Constitution Avenue, N.W., Washington 25, D. C., Attention Public Health Training.

Women's Interests Advisory Council Meets.—The first postwar meeting of the Advisory Council to the Women's Interests Unit, War Department Bureau of Public Relations, was held on November 14 in the Pentagon in Washington. The Honorable Robert P. Patterson, Secretary of War, opened the meeting with a discussion of the army's mission. Other topics and speakers on the morning program were *Plans for the Future Military Establishment*, Major General Lauris Norstad, Director of Plans and Operations; *The Research and Development Program of the Army*, Major General H. S. Aurand, Director of Research and Development; *Report on German Occupation*, Lieutenant General Lucius D. Clay, U. S. Deputy Military Governor in Germany.

The afternoon session dealt with army manpower needs and methods of meeting them. Topics and speakers were: *The Army's Manpower Requirements*, Major General Willard Paul, Director of Personnel and Administration; *The Recruiting Program*, Major General Edward T. Witsell, the Adjutant General; *The Women's Army Corps*, Mrs. Oswald B. Lord, Chairman, National Civilian Advisory Committee for the WAC; *The Army's Training Program*, Lieutenant General C. P. Hall, Director of Organization and Training; *Information and Education Program*, Brigadier General C. T. Lanham, Chief, Information and Education Division; *Medical Care of Soldiers*, Major General Norman T. Kirk, the Surgeon General.

High point of the day was the luncheon session in the General Officers' Dining Room, with Major General Floyd L. Parks, Chief of the Public Relations Division, presiding, and General of the Army Dwight D. Eisenhower, Chief of Staff, as speaker. His subject was *The Meaning of Democracy*.

A business meeting and discussion period followed the afternoon session, with Miss Margaret S. Banister, Chief of the Women's Interests Unit, presiding. Members of the thirty-six organizations which make up the Advisory Council were in attendance. The Council has been in existence since 1941, meeting from time to time in Washington and elsewhere. The War Department has repeatedly

expressed its satisfaction in the cooperation of this group in bringing information about the army to the women of the country.

Miss Eleanor Shenehon, director of the ASHA Division of Community Service, and Miss Jean B. Pinney, editor of the JOURNAL OF SOCIAL HYGIENE, represented the Association at this meeting.

Capt. Clifford A. Swanson Is Named Navy Surgeon General.—On November 27, President Harry S. Truman named Capt. Clifford A. Swanson of Marquette, Michigan, as Surgeon General of the Bureau of Medicine and Surgery in the Navy to succeed Vice Admiral Ross T. McIntire. Captain Swanson, whose selection was a recess appointment subject to Senate confirmation, will be promoted to the rank of rear admiral. Admiral McIntire, who served as personal physician to President Roosevelt, is about to retire.

Dr. Mahoney Receives Lasker Award.—At the seventy-fourth annual meeting of the American Public Health Association in Cleveland, Dr. John F. Mahoney, well known to social hygiene workers, was one of seven American scientists to receive the first annual Lasker Awards.

Dr. Mahoney was cited for research into the penicillin treatment of syphilis. Other individual winners were: Dr. Carl Ferdinand Cori, Washington University School of Medicine, St. Louis; the late Dr. Karl Landsteiner, winner of the Nobel Prize in 1930; Dr. Philip Levine, Newark, N. J.; Dr. Alexander S. Wiener, Brooklyn; Dr. Alfred Newton Richards, Professor of Pharmacology, University of Pennsylvania; and Dr. Fred L. Soper, associate director of the International Health Division of the Rockefeller Foundation. Individual winners receive \$1,000 and a gold statuette of the Winged Victory of Samothrace, symbolizing a victory in the fight against disease and death. Group awards consist of a citation and a statuette in silver.

The prize winners were selected from a panel of ninety-three candidates by the following committee: Dr. George Baelur, president of the New York Academy of Medicine and chairman of the awards committee; Dr. Thomas Francis, University of Michigan; Dr. Hugh R. Leavell, Harvard University; Dr. Robert F. Loeb, Columbia University; Dr. Karl F. Meyers, University of California; Dr. Thomas Parran, Surgeon General of the United States Public Health Service; Dr. Alfred Newton Richards, professor of pharmacology at the University of Pennsylvania; Dr. Ernest L. Stebbins, Johns Hopkins, and Dr. James S. Simmons, Harvard University.

The awards were made possible by grants from a foundation established in 1943 to support medical research by Mr. and Mrs. Albert D. Lasker. Mr. Lasker is former president of the Lord and Thomas advertising agency and former president of the United States Shipping Board.

National Council of Jewish Women Convention Held in Texas.—At its convention in Dallas, November 4-8, the National Council of Jewish Women reelected Mrs. Joseph M. Welt of Detroit as president and Mrs. Herman E. Levine of West Englewood, N. J., as treasurer. Mrs. Irving M. Engel of New York was chosen regional vice president for the East, and Mrs. Joseph Berger of South Orange, N. J., was named financial secretary.

Resolutions were adopted calling for allocation of federal funds for increased school facilities, better standards of education, and higher wages for teachers; for continued control of rent and building materials as long as a housing shortage exists, and for an immigration policy permitting entry of a greater number of displaced persons.

Mrs. Welt is also the executive director of the Council, and headquarters are at 1819 Broadway, New York.

National Congress of Parents and Teachers Announces New Program.—Mrs. L. W. Hughes, recently elected president of the National Congress, in the *National Congress Bulletin* for October 1946, discusses the organization's program for the next three years. Stating that plans call for concentration on several areas of work and a united, determined drive to meet the goals set, she says:

"Therefore during the next three years the National Congress will place major emphasis on (1) school education and (2) health. In addition, it will highlight (3) world understanding and (4) parent education and home and family life.

As we intensify our activities in these areas we need not and should not neglect our over-all program. While stressing projects in the four major fields, we can move forward toward all our regular objectives. Briefly, here are the reasons why we have selected these subjects for special emphasis:

1. *School education.* Americans are today examining the weaknesses that exist in our educational system. The need for such examination was made very clear by appalling statistics released during World War II. Many thousands of young men who joined the armed forces were 'functionally illiterate'; that is, they had never learned to read or write any better than the average fourth-grade pupil, and hundreds could not read at all.

These men were not illiterate because they could not learn. They had simply never had the chance. Either there were no schools for them to attend, or their parents failed to send them to school throughout the required period. It is high time we stopped being shocked by the discovery of these shortcomings. It is time we did something to overcome them, and one of the first things we must do is to secure Federal aid.

2. *Health.* World War II also showed us that the general health of thousands of our young men and women was far from being

up to par. Too little has been done to bring the benefits of good health and good medical care to all citizens. Yet without good health it is impossible, for an individual or a country, to progress. We have made great strides in scientific achievements in the field of health. Our problem now is to find ways of applying what we have learned to our everyday lives. We must also impress upon parent-teacher members the need to make full use of all the health facilities available. Thus we may begin at once to raise the nation's health standards.

3. *World understanding.* Statesmen alone cannot guarantee a peaceful world. There must be an upsurge of public opinion—yes, of parent-teacher opinion—which will *demand* that war be outlawed. The parents of America must *act*. They must insist that ways be found to establish world understanding and world good will. Furthermore, those who represent us in Congress must know how we, for whom they speak, feel and think about this imperative matter.

The very thought of an atomic war should be sufficient to make *all parents, the world over*, raise their voices in protest when nations begin to act belligerently and become distrustful of one another.

4. *Parent education and home and family life.* To achieve our goals in school education, health, and world understanding we need more and better parent education programs. Parents, and teachers too, must know why we are working for these goals.

Moreover, many of the major problems we face today have their roots in the home. We must devote our efforts to eliminating the basic weaknesses that cause divorce, relaxed moral standards, juvenile delinquency, and other threats to children and their families. We must educate parents to prevent these upheavals rather than to wait and try to cure them after the harm is done.

Therefore, as president of the National Congress, I call upon all our leaders to set in motion the necessary machinery to support and carry forward this four-point program."

Urology Award.—The American Urological Association offers an annual award "not to exceed \$500" for an essay (or essays) on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to residents in urology in recognized hospitals.

For full particulars write the Secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis, Tennessee. Essays must be in his hands before May 1, 1947.

The selected essay (or essays) will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Hotel Statler, Buffalo, New York, June 30–July 3, 1947.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

Division of Community Service, American Social Hygiene Association

California: Los Angeles Considers Social Hygiene Needs.—The October bulletin of *California's Health*, published by the State Health Department, contains two items of special interest to social hygiene workers. Under the heading *L.A. Physicians Take Positive Stand on Premarital Exams*, the bulletin reports that:

The County Medical Society and the County Osteopathic Association in Los Angeles County have set up carefully considered lists of physicians who will accept patients for premarital examinations. Arrangements have also been made for circulars to be handed to all applicants for licenses at the marriage license bureaus throughout the county giving information as to how ethical physicians for the examination can be obtained.

Committees of each society have been set up to develop recommendations as to the type of examination that should be given. The County Medical Society is also considering providing information to physicians relative to their obligations to persons applying for premarital examinations. Obligations under consideration include not only the examination for syphilis but a general review of the patient's physical condition and the provision of information regarding problems involved in the marital relationship.

Interest in assisting the premarital examinee was aroused recently in Los Angeles when persons examined there in certain advertising laboratories and doctors' offices complained to the State Department of Public Health against alleged irregularities in the premarital examinations.

Upon investigation, violations of the premarital laws were found, complaints were issued by the city attorney's office, and hearings were held. As a result, the advertising was taken down by the concerns under investigation and, on agreement to discontinue violations, criminal complaints were withdrawn.

Another interesting item relates the results of a study made by the Los Angeles City and County Venereal Disease Council regarding parent opinion on sex education teaching in schools. According to the replies received:

Ninety-seven per cent of Los Angeles parents think sex education should be included in the senior high school curriculum, 95 per cent would like to have the subject taught in the junior high school also, and 75 per cent think sex education should be taught in the elementary schools. The council made an effort to sample all areas and economic and educational levels.

Although 90 per cent of the parents answering the questionnaire claim to be giving their children some sex education, they believe it is the obligation of the public schools to help in this work. They do not consider as satisfactory the sex education they themselves received when young.

Other topics they checked as equal in importance with sex education for the school to emphasize in preparing children for family life include *How to Get Along with People* and *Preparation for Wise Use of Leisure Time*.

Colorado: Denver Public Health Council Elects Officers.—At a meeting on October 25, William F. McGlone was reelected president of the Health Council. Hubert D. Henry, attorney and chairman of the Sub-Committee on Health of the Legislative Interim Committee, and Dr. Mildred Doster, Assistant Director, Health Service, Denver Public Schools, were elected first and second vice-presidents respectively; Dr. Lloyd Florio, Professor of Public Health and Laboratory Diagnosis, University of Colorado School of Medicine, was elected secretary; and Mrs. Frederic A. Adams was reelected treasurer.

At the annual meeting on October 3, Mrs. Eleanor (Hearon) Brooks, Watson A. Bowes, Walter M. Simon, Dr. George W. Stiles, and Dr. Henry Swan were elected to three-year terms on the Board of Directors.

Connecticut Conference of Social Work Institutes.—Among the Institutes held on November 14, prior to the General Sessions on November 15, were a number relating to social hygiene problems. Among these were:

No. III, *Policewomen's Institute*. The morning session (1) casework techniques applicable in rehabilitation of women offenders, and (2) report of study of education for family life. Chairman was Mrs. Evelyn Briggs, President, Connecticut Policewomen's Association, Hartford; and Mazie F. Rappaport, Supervisor Protective Service, Department of Public Welfare, Baltimore, served as leader; Mrs. Frances L. Roth, Associate Professor, Yale University Law School was discussant. The international field and the significance of the Nuremberg trials for law-enforcement officers in this country was given attention in the afternoon. John Lydd, Superintendent of the Police Department, Bridgeport, was Chairman with Phoebe Morrison, Director, Foundation on Foreign Affairs, Washington, D. C., acting as Leader.

Institute No. X, *Protective Case Work*, was chaired by the Honorable Stanley P. Mead, Juvenile Court of Connecticut, New Canaan. The Leader was Jean L. Gregory, Executive Secretary, Family and Children's Center, Greenwich.

Institute No. XII, *Counseling on Marital Problems*, had as Leader Mrs. Beatrice Wajdyk Carter, Assistant Director, Jewish Family Welfare Association, Boston.

The General Session on November 15 also gave attention to social hygiene matters under the heading of *Prevention of Delinquency and Crime*. Chairman was Frederick Ryerson, Probation Officer, Juvenile Court of Connecticut, Torrington, and speakers were Francis J. Daly, Division of Juvenile Adjustment, Public Schools, Boston and Alonzo G. Grace, Ph.D., State Commissioner of Education, Hartford. Discussion Leader was Roy L. McLaughlin, Superintendent, Connecticut School for Boys, Meriden.

District of Columbia: Newspaper Cooperates in Marriage Education.—Interest created by talks on marriage given by Ray H. Everett, Executive Secretary of the Social Hygiene Society of the District of Columbia, at Arlington Farms before audiences of girls employed in government work have resulted in a number of feature stories in the *Washington Post*. The most recent was a full-page article in the *Sunday Post* by staff writer Marjorie Binford Woods, who accompanied Mr. Everett to a meeting where he talked before an audience of 150 government girls. Attractive specially posed photographs, designed to emphasize high points of the lecture, accompanied the text.

Illinois: Association for Family Living Announces Discussion Series.—Dr. Lester A. Kirkendall, Director of The Association for Family Living, announces in his December *News Letter* a new series of *Discussions on Marriage Education and Counseling*, in cooperation with the Department of Social Service of The Church Federation of Greater Chicago, on six Tuesday mornings beginning January 7. Subjects and speakers include:

Improving Family Life Through Marriage Education and Counseling, Rev. Carroll Wise, Family Counselor, Hennepin Avenue Methodist Church, Minneapolis, Minnesota; *Factors Influencing Success and Failure in Marriage*, Dr. Reuben Hill, Associate Professor of Sociology, Iowa State College, Ames, Iowa; *Sex in Premarital and Married Life*, Dr. Kirkendall; *Marriage and Family Life Education Through Group Techniques*, Dr. B. F. Timmons, Associate Professor of Sociology, University of Illinois; *The Influence of Early Environments on Marital Adjustments*, Dr. Maria W. Piers, Association for Family Living; *Counseling on the Psychological Aspects of Married Life*, Dr. Seward Hiltner, Secretary, Department of Religion and Health, Federal Council of Churches of Christ in America, New York; symposium on *Techniques and Methods of Marriage Counseling*, with Emery Balda, Dean of Student Service, Roosevelt College, chairman.

This course is especially designed to meet the needs of leaders who are interested in content, material, methods and resources of premarital and marriage education. Opportunity for questions from individual registrants will be provided. An exhibit of current materials available for use in *Marriage Education and Counseling* will be displayed. Sessions will be held at Dixon Chapel of the Chicago Temple, 77 West Washington Street. Admission is free to members. A registration fee of two dollars will be charged non-members.

Ohio: Social Hygiene at the State Welfare Conference.—An important feature of the Conference was a meeting of the Ohio Social Hygiene Council, as one of some forty kindred group meetings. The Council program, with Dr. Carl A. Wilzbach, President, in charge, included:

Post-war Picture of Venereal Disease Epidemiology in Ohio, Mr. Campbell R. Graft, Statistician, Division of Venereal Diseases, Department of Health, State of Ohio; *Some Sociological Considerations Arising in Rapid Treatment Centers*, Miss Marie Nordsieck, Junior Public Health Representative, U. S. Public Health Service, Central Ohio Rapid Treatment Center, Columbus, Ohio; *Prevention of New Venereal Disease Infections by Social Protection*, Mr. Ralph E. Elser, Sheriff, Mahoning County, Youngstown, Ohio; *The Need for Education in Human Relationships*, Dr. Roy E. Dickerson, Executive Secretary, Cincinnati Social Hygiene Society; *Problems of the Clinic Patient Receiving New Treatment*, John D. Porterfield, M.D., Chief, Division of Venereal Diseases, Department of Health, State of Ohio; *The Role of Rehabilitation in a Venereal Disease Program*, Mrs. Esther Emerson Sweeney, American Social Hygiene Association, New York.

Mrs. Sweeney also participated in the opening General Session of the Conference, speaking on *Cooperative Community Organization—A Further Step Toward World Goals*.

Practical guidance in social hygiene was provided through Course No. 16 on *Social Hygiene Principles and Methods*, given by Dr. Dickerson. The study course program included some twenty-six

topics chosen in response to requests of Ohio social workers. This is the second year that Dr. Dickerson has given a social hygiene course.

Pennsylvania: State Health Department Reports on 1945 Events.—*Pennsylvania's Health* is the title of an impressive brochure just released by Governor Edward Martin and Secretary of Health Harry W. Weest, M.D., reporting on 1945 events in the Keystone State. Attractive illustrations show the Department's facilities and staff at work in the various Department divisions.

Services of the Venereal Disease Division, as reported here, include maintenance of 166 clinical dispensaries for the treatment of indigent patients and a State Venereal Disease Hospital at Lancaster, where infected women may obtain treatment and be cured in as short a time as possible. Other women patients are treated in various units of the House of the Good Shepherd.

Free drugs are supplied to physicians on request for treatment of reported cases, investigation is made of named sources and contacts of known cases, and a program of education is maintained to inform citizens concerning the venereal disease problem, through talks, motion pictures, and printed material. Supervision of the state law requiring premarital and prenatal blood examinations is also a service of the division.

The following statistics are given for 1945:

New cases of syphilis entering state clinics.....	12,480
Number of treatments.....	306,656
Cases of venereal disease investigated.....	6,854
Admissions to State Quarantine Hospital No. 1.....	347
Number of requests for drugs from physicians.....	871
Number of pamphlets distributed	121,910
Number of venereal disease films shown.....	397
Lectures on venereal disease control.....	380

Mississippi Social Hygiene Association Reports Further Program.—

Readers of Dr. W. G. Hollister's article, *Education for Responsible Parenthood in Mississippi*, in the October number of the JOURNAL OF SOCIAL HYGIENE, will be interested in further developments as reported by Samuel T. Robbins, Executive Secretary of the Mississippi Social Hygiene Association. The Quarterly Report on this project, for September through November, shows three Leadership Training courses held in three counties, where a total of forty-four leaders were trained; four community conferences were held with a total of 695 teachers, parents and agency leaders attending; eight discussion groups, held in Natchez, Clinton, Vicksburg and Hattiesburg, attracted 169 participants. At State College, a course on *Family Living* drew an average attendance of twenty-one G.I. wives. The report further states that:

Leadership Training is an attempt to train leaders of social agencies so that they will return to their local organization and community to lead adult or

youth discussion groups and act as the ERP resource person in the community. Leaders meet for fifteen to twenty hours of intensive study and clinic.

Community Conferences are planned to bring together leaders of all social agencies so that they will have a living experience in a community effort to share the experience of helping the child grow and develop. Teachers, parents, church and community leaders meet for three nights and one afternoon. This conference is also designed to bring the teacher and parent together so that teachers will feel secure in the plan to integrate ERP materials in the school curricular.

Discussion Groups offer the parents six hours of discussion in: (1) helping children develop emotionally; (2) appreciating parenthood; and (3) helping youth through adolescence.

In addition to Dr. McAllister's article in the *JOURNAL OF SOCIAL HYGIENE*, material about the *Education for Responsible Parenthood* program has appeared in the *National Parent Teacher*, the *Woman's Press*, *Mental Hygiene*, and *Family Living*. Mr. Robbins also reports that *The Journal of Sociology* will devote a future issue to ERP.

Speeches by Community Leaders Will Build Interest in Social Hygiene Day

One of the most effective ways of arousing support for your *Social Hygiene Day* observance and the program to be presented there is to enlist a battery of community leaders to make speeches covering specific aspects of the problem.

Such speeches can be delivered at meetings of service clubs (Rotary, Kiwanis, Lions, Chambers of Commerce, Junior Chambers), medical societies, women's clubs, the parent-teacher associations, unions, veterans organizations—or at other public gatherings that might be scheduled.

For Radio: Commentators and others who have regularly scheduled radio programs locally should be contacted and asked to devote a broadcast to *Social Hygiene Day* or a related theme.

The local station should be asked to make special time available for use by prominent speakers whose name (or names) you would recommend.

Arrange with the station to have the principal address or addresses of the *Social Hygiene Day* program broadcast direct from the meeting.

For Churches: Try to get the local clergymen's association to designate the Sunday before *Social Hygiene Day* as *Social Hygiene Sunday*.

Source Material: The pamphlets in the Social Hygiene Day kit, plus community statistics and other local data, will provide your speakers with the necessary information for the speeches.

NEWS FROM OTHER COUNTRIES

JEAN B. PINNEY

Secretary, Committee on International Relations and Activities

International Union for Combatting Venereal Diseases Holds First Postwar Meeting in Paris.



DR. SNOW

Dr. William F. Snow, Chairman, ASHA Board of Directors and of the Committee on International Relations and Activities, returned on November 29 from a five weeks' stay in Europe, in the course of which he attended the first postwar meeting of the executive board of the International Union for Combatting Venereal Diseases and was elected to the presidency of this important organization. Other officers also elected at this time were:

Vice-presidents: Mrs. Sybil Neville-Rolfe, Great Britain; Dr. Hermans, Holland; Dr. DeKeyser, Belgium; Prof. Gawalowski, Czechoslovakia.
Secretary-general: Dr. André Cavailon, France.
Assistant secretary-general: Dr. Brun-Pedersen, Denmark.

Treasurer: Bernard H. Flurscheim, USA.

Attorney: Mr. Pfeiffer, France.

Technical counselors: Professor Gongerot, France; Colonel Lawrence Harrison, Great Britain; Dr. M. Martinez Baez, Mexico, and Professor Grzybowski, Poland.

Headquarters of the Union are at the Institut Alfred Fournier, 25, Boulevard St. Jacques, Paris XIV, and the Administrative Secretary is Mlle. Troué.

The meeting, which was held at the Institut, November 12-14, was attended by about fifty persons representing social hygiene work in some nineteen countries of Europe and the Americas. Plans were made for the postwar period and for close cooperation with the new World Health Organization and other agencies of the United Nations.

Dr. Snow made the trip by Air France. Besides attending the Union meeting and fulfilling numerous engagements with various groups and persons in Paris, he visited principally Belgium, Switzerland, and Germany, at the request of the Joint Chiefs of Staff. He also attended some sessions of UNESCO.

The JOURNAL expects to publish in a forthcoming issue a more extended report on social hygiene conditions as Dr. Snow found them in these areas.

League of Red Cross Societies Meets in Paris.—November 29 and 30 were the dates of a Conference in Paris, when National Red Cross Societies making up the League met to consider various matters.

Mr. Basil O'Connor, chairman of the American Red Cross and League president, was in the chair. Topics discussed included the League's responsibility towards efforts to study matters relating to the atomic bomb, aid in the development of Junior Red Cross units, and distribution of medical supplies.

United Nations Education, Scientific and Cultural Organization Gets Under Way.—November was *UNESCO Month*, and the new organization celebrated by opening the first meeting of its General Conference in Paris, its permanent headquarters, on November 19. Previous to this event an international conference had been held in London, November, 1945, a Constitution adopted, a temporary secretariat authorized and a Preparatory Commission had held some five sessions.

According to the Constitution, UNESCO's purposes as a specialized agency related to the UN Economic and Social Council, are:

"to contribute to peace and security by promoting collaboration among the nations through education, science and culture, in order to further universal respect for justice, for the rule of law and for the human rights and fundamental freedoms which are affirmed for the peoples of the world, without distinction of race, sex, language or religion, by the Charter of the United Nations."

Acceptance of the UNESCO Constitution by twenty countries was necessary to bring the Organization into formal being. The United States last July enacted *Public Law 565*, providing for this country's membership, and the State Department became responsible for setting up a National Commission on Education, Scientific and Cultural Cooperation, to link American agencies with the work of UNESCO. Fifty national organizations have named members to this Commission, and ten other organizations are invited to do so. Forty additional members have been nominated by the State Department.

The American Commission held its first meeting in Washington in September, when a report and program recommendations were drafted for presentation to the General Conference now meeting in Paris. Officers were also elected as follows:

Chairman, Milton Eisenhower, president, Kansas State College of Agriculture, Manhattan, Kansas.

Vice-chairmen: Edward W. Barrett, editorial director, Newsweek Magazine, New York; Arthur H. Compton, Chancellor, Washington University, St. Louis, Missouri; Waldo G. Leland, American Council of Learned Societies, Washington, D. C.

Delegates appointed by President Truman to take part in the Paris conference included: Mr. Compton, William Benton, Assistant Secretary of State for Cultural Relations; Mr. Archibald MacLeish, former Librarian of Congress and well known poet; George D. Stoddard, president of the University of Illinois, and Ann O'Hare McCormick, special correspondent for the *New York Times*. Alternates were President Eisenhower, Chester Bowles, former Price Administrator and Stabilization Director; Mrs. Anna Rosenberg of New York; George Shuster, president of Hunter College, New York, and Professor Charles

Johnson, president Fiske University, and a vice-president of the American Social Hygiene Association.

The JOURNAL will publish in its next issue notes on developments occurring during the Paris meeting. As mentioned elsewhere in this number, Dr. William F. Snow attended UNESCO sessions while in Paris during November.

International Quadrennial Congress of Nurses to Be Held in USA in 1947.—The International Council of Nurses has announced its Ninth Quadrennial Congress, to take place at Atlantic City, New Jersey, May 11–16, 1947. This is the first meeting of the Congress since 1937.

The Council's Board of Directors will meet in Washington, D. C., May 5 and 6, followed on May 7–9 by a meeting of the Grand Council, which consists of ICN officers, presidents of national nursing organizations, four official delegates from each member country, and one delegate from associate national representatives. The first General Session of the Congress will occur at Atlantic City on May 12.

Hostess to the Congress is the American Nurses' Association. An extensive educational exhibit, in which the ASHA expects to participate, is planned in connection with the meetings.

Russia: Control of Venereal Diseases in the Soviet Union.—Dr. Edward Podolsky, of Brooklyn, sends us the following interesting facts on this topic:

Among the most notable health achievements in the Soviet Union has been the control of venereal diseases. In Czarist Russia these diseases were widespread. For example, 30 per cent of the Yakut population were said to be infected with syphilis; in Moscow in 1914 the incidence of venereal disease was estimated as 338 per 10,000. The estimate for the country as a whole in 1913 was 76.8 cases of syphilis per 10,000 population.

Prostitution was the chief means of spreading venereal infections, but syphilis was also spread by feeding babies on chewed bread, smoking communal water-pipes, kissing ikons, et cetera.

When the Soviets came into power, they immediately began a campaign to combat venereal infections. A special Bureau for Venereal Diseases of the People's Commissariat of Public Health was established in 1918, and 1919 saw the Bronner Institute for Skin and Venereal Diseases set up in Moscow. This has 440 beds as well as the usual research laboratory and outpatient facilities and has under its administration in the city twelve small in-

stitutes and thirty dispensaries. In this Institute's first fifteen years, 2,800 physicians attended post-graduate courses in venereology. A scientific journal was established for the dissemination of information on the venereal diseases.

The organization for combatting and controlling venereal disease in the USSR is based primarily on the dispensary unit. Smaller areas have venereal stations with small staffs and simple but adequate equipment. Outlying rural areas are served by mobile units or flying squads who diagnose and treat venereal disease in these districts.

The doctor in charge of a venereal disease dispensary is appointed by the health department and is specially trained. His duties consist of keeping the scientific work of the dispensary up to date, maintaining strict control and registration of all possible sources of infection, and wherever possible examining all contacts in schools, factories, collective farms, et cetera.

The dispensary staff is organized on a basis of 0.6–0.8 visit per inhabitant

served per year, and must consist of at least two medical officers, two felshars, one woman visitor, one clerk and two women orderlies. All dispensaries have facilities for treating both syphilis and gonorrhea, including separate rooms and separate times for women and children.

Another dispensary function is organization of conferences for workers. Lectures are given on social hygiene, films, posters and exhibitions are shown in factories, schools, farms and elsewhere. Courses in sex hygiene are given at regular intervals. Close touch is maintained with maternity and child welfare clinics. Blood for Wassermann reactions is routinely taken at prenatal clinics.

Routine is made as impersonal as possible. On the first visit each patient is given a number and no names are used. Visits are made by appointment, the clinic being open from morning till night. All patients in infectious stages are treated in hospital. In spite of the fact that these are diseases caused by misconduct, all patients receive full sick benefits. Those who fail to show up for treatment are visited by nurses who ascertain reasons for failure to report and impress upon the patient the seriousness of the illness.

Decrees passed in 1927 and 1929 gave added powers of compulsory, and if needed, of repeated medical examination of anyone who is suspected of suffering from a venereal disease. These laws provide that compulsion may be used to secure treatment, and for wilfully and knowingly exposing to infection or infecting another person. Penalties range from six months to three years imprisonment. It is seldom necessary to make use of these compulsory powers, most persons realizing the seriousness of their infection willingly cooperating to get it under control. But circumstances sometimes make it necessary to isolate persons infected with a venereal disease in order to protect others. Such cases include domestic workers, pupils, and wet nurses as well as others who

come in contact with great masses of people.

Patients are encouraged to help combat venereal diseases by bringing in for examination the person from whom the disease was contracted, as well as members of their own families with whom they come in contact.

Recognizing prostitution as the chief source of the spread of venereal diseases the Soviets early took steps to combat this evil. The two most important factors have been (1) improvement in the economic status of women and (2) improvement in the economic level of the general population. By making early marriages possible, and permitting women to be gainfully employed in industrial enterprises, prostitution has been largely reduced.

A network of "prophylactoria" was established throughout the country when the campaign undertook reeducation of prostitutes to fit them to take part in the industrial life of the country. All infected prostitutes were treated. In Moscow from 1927 to 1936, of 4,000 women passing through the "prophylactoria," nearly 90 per cent who were infected with venereal disease have since earned their living in industry, about half of them being highly skilled workers.

It has been estimated that in pre-revolutionary days there were between 20,000 and 30,000 prostitutes in Moscow and about an equal number in Leningrad. Careful checking in 1929 and 1930 revealed 3,000 prostitutes in Moscow and 800 in Leningrad. This great reduction led to the closing of most of the "prophylactoria." It has been noted that most of the prostitutes operating today in these cities are either feeble-minded or psychopaths.

It is estimated that in the thirty largest cities of the USSR primary forms of syphilis decreased by 25.7 per cent in 1939 as compared with 1938. In Moscow primary syphilis is becoming so rare that medical schools find it difficult to obtain cases for demonstration purposes.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1913, is the national voluntary agency for social hygiene

The Association is a participating service of the
National War Fund, Inc.

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CONTENTS OF RECENT ISSUES

APRIL, 1946

Lessons Learned in Wartime

- Editorial—The War Taught Us Some Old Truths
Wartime Lessons in Venereal Disease Control.....Warren F. Draper
Wartime Lessons in United Action for Community Welfare.....Mary E. Switze
A Psychological Approach to Social Hygiene for Women...Margaret D. Craighill
Summer Courses—1946
Building Day in the Hometowns of America.....Eleanor Shenehon
The USPHS-ASHA "Team Plan".....Esther Emerson Sweeney

MAY, 1946

National Planning for Social Protection

- Is Commercialized Prostitution Returning?
Chart and Statement.....Frontispiece
Editorial: Progress in Federal Legislation
The May Act is Made Permanent
Senate Committee on Education and Labor Reports Favorably
on S. 1779
Hearings on the Social Protection Bills, S. 1779 and H. R. 5234
"to Authorize the Federal Security Administrator to assist the
the States in Matters Relating to Social Protection and for
Other Purposes"

JUNE, 1946

Thirteenth Annual Library Number

- The American Social Hygiene Association
Some Notes on the Historical Background, Development
and Future Opportunities of the National Voluntary
Organization for Social Hygiene in the United States.....William F. Snow
Peacetime Relationships in Venereal Disease Control
A Working Agreement between the Army, Navy, Coast Guard,
the Federal Security Agency and the American Social
Hygiene Association, 1946

OCTOBER, 1946

Social Hygiene and the Citizen

- Editorials:
"Now Is the Time for All Good Men"
The JOURNAL Gets New Guidance
An Experiment in Cooperative Community Organization:
Part I. From the Official Viewpoint.....John R. Heller, Jr.
Part II. From the Viewpoint of the Voluntary Agency
Esther Emerson Sweeney
Rhode Island Serves Her Youth.....Josephine D. Sever
Education for Responsible Parenthood in Mississippi.....W. G. Hollister, M.D.
In Memoriam: Tributes to Social Hygiene Pioneers

NOVEMBER, 1946

Social Hygiene Laws in Action

- Editorial: Why Social Hygiene Laws Are Essential
Twenty-Two Years' Progress in Social Hygiene Legislation (Maps)
Social Hygiene Laws in Court: Important Court Decisions
and Rulings on Operation of Venereal Disease Laws....William George Gould
Seven Years' Experience with Premarital and Prenatal Examinations
for Syphilis in New Jersey.....Glenn S. Usher, M.D. and John Hall
Premarital and Prenatal Legislation in Canada.....Joseph Lichstein
New French Law for Repression of Prostitution Goes into Effect
Bibliography on Social Hygiene Laws and Legislation

